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ABSTRACT

This document contains a literature review and annotated bibliography on family support services in Australia and overseas. Literature relating to services for families with dependent adolescent children as well as young children is included. The review and bibliography concentrate primarily on community-based services defined in the literature as family support services to families with children. The review focuses on the following issues: (1) definition of family support services; (2) aims and objectives of family support programs; (3) trends in the development and delivery of family support services in Australia and overseas; (4) model programs aimed at maintaining family unity, providing specialist and intensive input to families with specific difficulties, and preparing families for reintegration of members who have been in alternative forms of care; (5) evaluation of family support services; and (6) policy implications. The review and bibliography show that family support services are multifaceted, difficult to define, and even more difficult to evaluate in terms of their effectiveness. The bibliography contains some Australian and European sources, but the majority of references are American. The 123 citations are arranged alphabetically by author. A list of 96 references and a set of indexes arranged by country source, subject, and program names are included. (NB)

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Family Support Services

**A Review of the
Literature and
Selected Annotated
Bibliography**

by Ilene Wolcott

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Family Support Services A Review of the Literature and Selected Annotated Bibliography

Ilene Wolcott

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Community Services Victoria**

**Australian Institute of Family Studies
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Bibliographies published to date:

- *New Information Technology: Impacts on Families in Australia. An Annotated Bibliography* compiled by Ruth Beresford, AIFS, Melbourne, May 1983, 60pp.
- *The Impact of Work on Family Functioning: A Review of the Literature* compiled by Graeme Brewer, AIFS, Melbourne, September 1983, 50pp.
- *Work and Family Functioning: An Annotated Bibliography Selected from Family Database* compiled by Mari Davis, AIFS, Melbourne, September 1987, 143pp.
- *Homelessness: An Annotated Bibliography of Australian Research* compiled by Jenny Loft and Mari Davis, AIFS, Melbourne, 1988, 165pp.
- *Adolescents and Family Problems: Books for Young Children* compiled by Nadia Wheatley, AIFS, Melbourne, 1988, 64pp.
- *Children and Family Problems: Books for Young People* compiled by Nadia Wheatley, AIFS, Melbourne, 1988, 40pp.
- *Australian Family & Society Abstracts* compiled by Deborah Whithear, Volume 1, 1984 to Volume 6, 1989. Published annually.
- *Sexual Attitudes and Behaviours: A Review of the Literature* compiled by Bruce Rollins, AIFS, Melbourne, 1989, 88pp.

Contributors

This review essay and annotated bibliography was commissioned by Community Services Victoria. The review essay was written by AIFS Research Fellow, Ilene Wolcott. Editing was done by Mari Davis.

Ian Scott was contracted by the AIFS to assist in the compilation of the annotated bibliography under the supervision of Ilene Wolcott and Don Edgar. The bibliography was augmented, indexed and edited by Mari Davis. Bibliographic searching and collection management was provided by AIFS library staff Jenny Loft, Deborah Whithear, and Anita Emmanouilidis.

Allyson Trainor was responsible for full book production including index preparation, layout and presentation.

Foreword

As this review of the literature shows, family support services are multifaceted, difficult to define and even more difficult to evaluate in terms of their effectiveness. They seem to be 'flavour of the month', yet thinking about their goals and how best they can be provided is woolly and somewhat self-serving.

In a society which has deified the values of independence, family autonomy and self-help, the very notion of family support seems contradictory. It falls smack in the middle of attempts to dismantle the welfare state, to de-institutionalise welfare services, to hand control back to the community, to empower and enhance the coping strategies of families at risk. Despite the valid assertion that every family needs support, that no family can survive alone in such a complex and inter-dependent society, existing family support services are torn between offering open access to every family and wanting to better target their efforts and resources at those at risk who really need assistance.

In my personal view, there is a strong element here of what I call 'professional drift'. The dominant paradigm of social service is of servicing from the top-down, not of responding to the expressed demands of a public which has rights to support. Outstanding attempts at empowerment, community control and participation have been made, but the drift is always back to professional control. The experts define what is wrong, they have the clues to what might help and they inevitably want to service those who will show gratifying signs of improvement as a result of their expert assistance. The 'medicalisation' of family support services has the same effect on clients as it does on the health arena — sickness is the target, rather than the more general promotion of good health.

We cannot merely blame the experts for this. Scarce resources and political exigencies press towards targeting and attempts to measure performance outcomes. It's always easier to show improvements from the bottom end. Prevention and promotion efforts are more difficult to demonstrate and brag about. Moreover, our professional training models for service providers, by definition, create a gulf between them and the lay person, the ones with problems that our expertise is there to solve.

Lest my cynicism be seen as too extreme, let me point to the programs outlined in this bibliographic review which are used as resources by families when and where *they* decide they need them. These programs offer some very positive indicators of how we might proceed. Location within reach is essential for wide family access. So too, is being open at weekends and in the evenings. Multi-purpose centres seem to be more useful and less stigmatising than single purpose ones with labels. But information-sharing and cross-referral among specialist services is vital to ensure adequate help is provided. The ecological approach strongly suggests that linking across services, across government and non-government departments and agencies can help promote a supportive locality as opposed to a damaging one. The surrounding of isolated families by accessible resources and service help has direct positive outcomes in the prevention of risk for families and children.

The model of professional training and service delivery must therefore be different from the focus of many services on intensive counselling, targeted and selective programs. It is one which tackles a whole context and looks at the structures of support or lack of them. It is one in which material and people are used as resources not as controls, and in which information, advice, learning and development are the key words describing the methods used to support and enrich family life.

Growth towards a healthy community context for family life should be the goal. Every family, every individual is in an inter-dependent relationship with the rest of society. So the normalisation of service support is vital if we are to cut through some of the dogma that exists in this costly area of public provision. The blinkers of defining family support as a narrow program that must have specific guidelines have also to be removed. As families move through the life cycle their support requirements change, so family support services have to reflect and be responsive to that progression and complexity.

The Australian Institute of Family Studies is pleased to have been invited to contribute in this way to the task of rethinking family support services in Victoria.

Dr Don Edgar
Director
Australian Institute of Family Studies

The Brief

The Australian Institute of Family Studies was asked by Community Services Victoria to provide a literature review and annotated bibliography of family support services in Australia and overseas. This review of the literature and selected annotated bibliography formed a substantial contribution to the development of recommendations for future directions of the Family Support Program for Community Services Victoria.

Terms of Reference

The terms of reference are: to prepare a literature survey and annotated bibliography on family support services in Australia and overseas. Suggested areas to be covered include the role of family support in:

- maintaining family unity;
- providing specialist and intensive input to families with specific difficulties;
- preparing families for reintegration of members who have been in alternative forms of care.

Literature relating to services for families with dependent adolescent children as well as young children is included.

Scope of the Literature Review

Family support programs are, as Kagan and Shelley (1985) observe, an undefined phenomenon encompassing a disparate variety of programs and services to meet diverse needs.

Because the boundaries of family support services are so permeable and can include material assistance (income, housing) as well as information, education, health, and legal benefits that enhance family life across the life cycle, this review of the literature cannot be inclusive. Separate reviews would need to be undertaken to canvas adequately the range of parenting education programs, early childhood education and pre-school services,

programs for teenage mothers, employment-based programs, services to families with physically or intellectually disabled members, foster care and youth education, and employment programs.

This review concentrates primarily on community-based services defined in the literature as family support services to families with children. It focuses on the following issues with regard to the areas suggested in the terms of reference:

- definition of family support services
- aims and objectives of family support programs
- trends in the development and delivery of family support services in Australia and overseas
- model programs which are:
 - aimed at maintaining family unity
 - specialist and intensive input to families with specific difficulties
 - for the reintegration of members who have been in alternative care
- evaluation of family support services
- policy implications

Part One:
Literature Survey of Family Support
Services in Australia and Overseas

1. Background

The aim of Community Services Victoria's redevelopment project is 'to provide a framework and strategy for the redevelopment of the Family Support Program'. Its objectives are 'to develop objectives for the Family Support Program, to clearly identify intended outcomes and target groups, and to make explicit the relationships between the Family Support Program and other Departmental programs which serve complementary purposes'.

Impetus for the review coincided with the withdrawal in 1988 of the Commonwealth's special purpose funding of the National Family Support Program. Each State will now be responsible for decisions about what programs they wish to fund out of a general Commonwealth revenue appropriation to the relevant department. The stated aim of this program was to 'provide support to families (with dependent children) to develop their coping skills, and thus their competence to provide an adequate child-rearing environment'. The client focus of the program was families 'whose capacity to function is limited by internal or external stress' (Commonwealth Department of Community Services and Health 1987). Historically, emphasis has been on providing alternatives to placing children in foster or institutional care.

Debate has centred on the definition, scope and purpose of services within the Family Support Program, the coordination and funding of related services across government departments, whether services should be universal or targetted to specific 'at-risk' families, and relations between public and private providers of services.

The Changing Social Context for Family Support Services

The demographic and social changes that have taken place in the past two decades affect the services needed by families and the ways these services are delivered. Families have become more diversified in structure, roles, relationship patterns, styles of living and ethnic background. The economic viability of families has become more uncertain.

Family composition

More than 20 per cent of the Australian population has been born overseas with 70 per cent of these coming from non-British backgrounds. While many migrant families adapt to new circumstances with a minimum of difficulty, some families encounter problems adjusting to different customs and value systems which can create tensions between the generations. Difficulties with the language contribute to isolation.

According to the 1986 census, 90 per cent of Australians lived in families. Of all families, 45 per cent were couples with dependent children, 31 per cent were couple only families and 8 per cent were one-parent families. The average number of children in families was two. Of all dependent children, 86 per cent lived in two-parent families and 13 per cent in one-parent families. Over 90 per cent of one-parent families were headed by mothers. Approximately 5 per cent of families with dependent children were step-families. Approximately 6 per cent of couples are living in de facto relationships (ABS Census of Population and Housing 1986).

In 1987, there were over 39,500 divorces involving more than 45,000 children. Of all marriages in that year, one-third were remarriages.

Of all two-parent families with dependent children, only 41 per cent represent the 'traditional' pattern where only the husband is employed. In 53 per cent of couples with dependent children both husband and wife are employed. In one-parent families, approximately 39 per cent of mothers are employed (ABS, Labour Force Australia 1988).

Nearly 19 per cent of children are raised in families which do not have a full-time paid employed adult, and which rely on social security as a major source of income (Whiteford 1987).

Family formation

Changes in the laws have expanded the parameters of marital and family relationships. Divorce has lost much of its negative connotations; no longer are children born out of formal marriage treated by the law as 'illegitimate'; fewer distinctions are made between marital and informal unions in terms of taxation, pension and property benefits. Equal opportunity legislation and the acceptance of sexual equality in law has broadened the definitions of what it means to be 'masculine' or 'feminine'.

The 1960s heralded an era that centred on a philosophy of self-fulfilment and personal growth (at least for the educated and affluent) when allegiance to traditional religious, moral and legal authority diminished. Parental authority over children and of husbands over wives was affected by a weakening of unquestioning adherence to hierarchical structures. The same was true of control in the wider arena of employers over employees and teachers over children (Fuchs, 1983). Traditional expectations and attitudes about marriage and family life were questioned. There are fewer prescriptions or proscriptions on how individuals should lead their personal lives.

Smaller families mean that children growing up today will have less experience in caring for younger siblings and learning about parenthood. There will be fewer opportunities for learning about cooperation and how to deal with conflict. Prolonged education and delayed employment also mean that young people may have to remain at home for longer periods of young adulthood, making it harder to achieve autonomy and independence from their parents.

The increasing gap between leaving home, becoming independent and having children, while enabling men and women to develop skills in self-sufficiency, means the transition from a focus on personal gratification to the compromises involved in caring for children may be difficult to make.

With a majority of both parents in the workforce for reasons of financial and emotional wellbeing, the workforce must become more flexible to enable workers with family responsibilities to carry out both their parenting and paid work roles. This is particularly important if children are to benefit from the care of both mothers and fathers.

Young adults are being presented with conflicting messages on which to model their own attitudes and behaviour. Equal opportunity legislation and educational objectives promote women's entry into the workforce. Yet are young men being educated equally for parenting and caregiving roles to complement young women's broader role definitions? Modern marriage based on higher expectations and increased equality requires different skills — high levels of communication, problem solving and conflict resolution — concepts given short shrift in most school curriculums (Wolcott 1987).

The costs and benefits of family life, particularly in their role of raising children, have become the subject of personal and public policy debate. It is difficult to achieve an equitable balance between private responsibilities and obligations to children and other family members and government support of families as an essential community resource.

The demographic and social changes described are considered to increase stress on families which has led to increased attention to providing resources to assist families meet their needs.

The Needs of Families

All families in today's complex society, Keniston (1977) argues, need help in raising children, caring for family members and coping with stressful events at some point in time: 'Family self-sufficiency is a false myth'.

A consistent theme in the stream of reports and reviews of child welfare, early childhood services and family and social welfare services is the basic family needs for adequate income, housing, education, recreation, legal protection and health care (Commission of Inquiry into Poverty 1975, Victoria. Review of Early Childhood Services 1983; Family Services Committee 1978; Victoria. Child Welfare Practice and Legislation Review 1984; National Inquiry into Homeless Children 1989).

The Commonwealth's Social Justice statement (Towards a Fairer Australia 1988) includes the provision of child care as a basic component of family wellbeing: 'the wellbeing of families depends not only on wage levels but on their health, housing, access to child care and cash assistance to low income families'.

In addition the more personal and emotional needs of families and their members have been recognized. These include a sense of social and emotional wellbeing, the ability to form stable and caring relationships with others and connections to the larger community (Royal Commission on Human Relationships 1977; Whittaker and Garbarino 1983; Bronfenbrenner 1979).

The recent Report of the National Inquiry into Homeless Children (1989) stresses the need for parenting education programs and 'services that have

the effect of supporting parents in their function as caregivers and nurturers'.

A review of the Family Support Service Scheme (Office of Child Care 1984) concluded that the most common problems experienced by clients were: lack of child management skills, low self-esteem and social isolation.

On a more universal level, Kahn and Kammerman (1982) repeat the call for services to help families in ordinary circumstances cope with normal problems, life cycle milestones and transitions. Working parents require child care, parents need advice and information on handling toddlers or teenagers, someone in the family may be depressed, an elderly parent needs assistance with home management.

Family members may require support and assistance during times of transition or disruption. For example, coping with unemployment, a serious illness or death, adapting to separation, divorce and being in a stepfamily, or settling into a new community all can strain normal coping strategies.

Families with special needs have also been identified. These include families where a child has a disability, Aboriginal and other cultural family groups, and families headed by adolescent mothers (Victoria Child Welfare Practice and Legislation Review 1984).

The Canadian Province of Quebec (1986) has formulated a family policy that describes the kinds of support families require. These include in addition to adequate material resources: preparation to 'exercise their (parents) difficult responsibilities toward their children'; support for women and men as equal partners in the raising of children; clearly defined rights and responsibilities of parents and children; child care services; parental leave and flexible work hours; and 'professional social services at the community level to help them with special and exceptional situations'.

Families that need support cannot be labeled deficient or 'at risk'. As Edgar (1989) has said, 'no society has ever left separate families to their own devices'. Research indicates that, ironically, it is often the advantaged family that knows about and uses community resources (McCaughey 1987).

2. History of Family Support Programs

According to Zigler and Black (1989) current family support programs as discussed in recent literature are new phenomena which encompass the following principles: a focus on prevention and family strengths, an ecological orientation considering the whole family and its wider social context and the importance of social support.

The roots of family support programs are found in the early charitable church movements to care for orphans and abandoned children and maternal/child health services in Australia and overseas. Later the establishment of 'settlement' or neighbourhood houses in America provided practical and emotional support for poor and immigrant families. These interventions aimed to improve what was described as deficit parenting in disadvantaged families to prevent infant mortality, delinquency, and child abuse. Parent education efforts in the 1920s were another contribution to their development.

In America during the 1960s and 1970s, the government's 'War on Poverty' effort saw the development of Head Start, the prototype of family support programs (Weiss 1983). In Australia, the Australian Labor government's Social Justice Strategy and promise to eliminate child poverty in the 1990s could have a similar effect.

For most families, a networks of kin, friends and neighbors has always provided mutual support. In recent times, the term family support is used to evoke nostalgic memories of a golden era when families helped each other and did not rely on the government to provide care for family members. For some, family or community support means that families should have sole responsibility to care for children, the disabled, the elderly, and the ill without government assistance.

Definition and Scope of Family Support

Kahn and Kammerman (1982) pose the critical question, 'What is the boundary delimiting "help for families"?' Referring to child welfare services, Kadushin (1980) observes that if every activity directly or indirectly that promotes the welfare of children and families were included 'most of the significant activities engaged in by society' would have to be considered.

The boundaries between family support services and general social security and welfare provisions are imprecise. The Family Services Committee (1978) experienced 'problems clarifying what was to be encompassed in the term "family services" recognizing that many other areas of public policy affect the wellbeing of families. The most significant of these are health, education, housing, income security, and legal protection' (p.4).

The Commission of Inquiry into Poverty (1975) defined personal or welfare services as, 'concerned with personal wellbeing, individual rights and personal aid as well as social justice, social order and social control'. Pilisuk and Parks (1980) define support as 'a range of interpersonal exchanges that provide an individual with information, emotional reassurance, physical or material assistance, and a sense of self as an object of concern' (p.158).

Whether supports to families are seen as 'welfare' or a social security right for all citizens influences and determines perceptions of their legitimacy and therefore as worthy of substantial government input in terms of revenue (Saunders 1987; Jamrozik 1987). It has been argued that many educational, health, legal and tax benefits enhance the lives of the middle class, so are considered part of the 'social wage', not welfare provision, and are not therefore subject to the same criteria or criticism as welfare programs (Sweeney 1987).

The focus and direction of government policies toward families will influence the number and type of support services made available to families. Yet, a clearly defined focus and direction for family policy is difficult to achieve in a pluralist society that holds ideologically diverse values and strongly felt emotions surrounding children and family issues (Moen and Schorr 1987; Moroney 1987; Kammerman and Kahn 1978; United Nations 1986). Problems arise in attempts to define 'family' and its functions, in deciding who should be responsible for the caring of young and old, and how 'healthy' families should function.

In fact, any specific 'family policy' raises concerns that 'government would seek to impose one single standard model of family life' (Ooms 1984). Steiner (1984) also cautions that 'Programs that even imply the idea of a "model family" are unacceptable to a society devoted to maintaining numerous cultural and religious heritages, each carrying its own view of how a family should function' (p.219).

Although what constitutes 'family support' is not clearly defined, it is the personal support aspects that are usually referred to when specific family support services and programs are described. Core components of family support have been identified as: provision of information, emotional encouragement and instrumental assistance (Weissbourd 1986).

Weiss (1983) created the following typology to represent a variety of family support programs:

- prenatal and infant development;
- child abuse and neglect prevention;
- early childhood education;

- parent education and support;
- home, school and community linkages;
- families with special needs;
- neighborhood-based, mutual help and informal support;
- family-oriented day care.

Services and programs eligible under the Australian Commonwealth/State Family Support Program included: neighborhood-based family support services (family centres, information and referral services, volunteer and catalyst services); home management (family aide/homemaker, home budget counselling, family counselling); parent support (parent education/effectiveness skill development, and self help groups).

Program types excluded from funding under the national guidelines were: child protection services for abused children and their parents, housekeeping services, respite care, foster care, child care, services for youth, material relief, and marriage counselling, because these services were assumed to receive funding under other government auspices.

It is useful to consider 'family support' as a concept that extends beyond any particular family support program with a specific focus or objective. It encompasses an approach to providing assistance to families as well as a specific type of service.

General Aims and Objectives of Family Support Programs

Most government-funded family support services have as their stated aims the provision of community-based services which support families with young children who are experiencing stress or having difficulty with their responsibilities as parents. In general, the term family support has been linked with child welfare services.

The objectives of most family support services would be to maintain family unity by providing a range of generic and specialist services to families to strengthen their own capacity to meet their needs. An underlying theme of many programs is to prevent children from entering care or to reintegrate children back into their natural families. Placing a particular program into a discrete category is difficult as most programs provide a continuum of services that would vary in intensity depending on the specified need and difficulties of the families involved.

Zigler and Black (1989) state that 'the primary function of family support programs should be to strengthen informal systems and networks, so that ultimately they will fulfill the function now performed by more organized programs' (p.7). The goal is empowerment of families to enable them to help themselves. Such goals could conflict with the philosophy stated earlier that families should not have to be self-sufficient, unless 'helping themselves' includes being able to negotiate needed resources.

Weiss (1989) summarizes the aims of family support and education programs as: enhancement of child health and development; prevention of various child and family dysfunctions, such as child abuse and neglect; enhancement of parental knowledge, self-esteem and problem solving; and promotion of informal and formal community support.

Additional goals in Australia reflect concern with social justice issues. The Victorian Child Welfare Practice and Legislation Review (1984) echoing the

Victorian Review of Early Childhood Services (1983) reflects these principles of equity, access, and participation. Services should extend and protect the rights and responsibilities of those who use them; be accessible to the disabled; be flexible and adaptive to family needs; enhance resourcefulness, independence and self-sufficiency; recognize the diversity of family types; strengthen family ties, not weaken them; recognize cultural differences; have broad, not narrow, eligibility requirements; and emphasize common needs shared by all families.

In the United States, a number of States have begun to develop models for family-based services. The State of Kentucky is a representative example. It describes the goals for its 'family preservation' services as 'strengthening and maintaining client families to prevent family dissolution and out-of-home placement'. Another goal is to prevent re-entry into out-of-home placement of children who have been reunited with their families (Triplett, Preston, Henry and Thompson 1986).

The Australian Context: The Family Support Program

In Australia many of these aims were incorporated into the Family Support Service Scheme, established in 1978 within the Commonwealth Office of Child Care. The Scheme was seen as providing, 'community-based services for families with young children who were experiencing stress and as helping to develop a natural network of support, referral and self-help services'.

From the beginning, the Scheme, later titled Family Support Program was seen as providing funds for the 'personal' welfare service aspects of family support which would 'support and complement existing family welfare structures' and provide 'a stimulus to innovative thinking', particularly alternatives to traditional residential and institutional and substitute care for children (Office of Child Care 1984).

The aim of the program was to 'assist the development of a range of services designed to support families in their responsibilities in the rearing and development of children'. A preventive and developmental focus to strengthen families was envisioned with the objectives of preventing family breakdown and reducing the numbers of children in institutions (Council of Welfare Ministers 1985).

The 1988 National Guidelines of the Family Support Program stated the purpose as 'to provide support to families to develop their coping skills, and thus their competence to provide an adequate child-rearing environment'. The Program principles emphasized accessibility of services to all families in a community and encouragement, wherever possible, of generic services for all families, rather than specialized services appropriate to the needs of a few, or which only meet some support needs. However, where families undergoing particular stresses were identified, they were to be given priority of access.

In 1988, the Commonwealth abolished its involvement in the Family Support Program as a targetted entity for specific funding and monitoring. Individual States now will have to make decisions about what kinds of programs they want to fund from the Commonwealth's general revenue appropriation. Victoria and New South Wales, for instance, are both conducting reviews of their family support programs.

Observers of the Commonwealth/State Family Support Program have regretted that the scheme was targetted mainly towards low-income, disadvantaged families that had 'traditionally formed the clientele of State welfare authorities' (Jamrozik, Drury, and Sweeny 1986). Mitchell (1988) claims, however, that an emphasis on more generalized community-based and self-help family support initiatives such as child care, family aides and neighbourhood houses can divert attention from the provision of long-term professional services required by multi-problem families.

Overall, the aims of the majority of family support programs are characterized as preventive in orientation. However, this appears to mean a focus on programs targetted to children at risk of abuse and neglect or being taken into custodial care of some form. Most descriptions of family support programs in the literature refer to services to families where there is risk of child abuse or neglect (Miller and Whittaker 1988; Halpern 1986; Seitz, Rosenbaum, Apfel 1985; Weiss 1989). As noted previously, the aims of many family support programs are synonymous with the objectives of child welfare services (Kadushin 1980).

3. Contemporary Trends in the Development of Family Support Services

During the last decade, changing perceptions about family life and the ways families function to meet their needs has generated some different philosophical approaches to providing services to families.

Towards a Family Strength and Prevention Model

A major shift in orientation of family support programs is taking place, away from a deficit model of family functioning to a focus on family strengths and the capacity for growth. Assumptions are made that parents want to do the best for their children and need support and reinforcement in their parenting role. Empowerment of families is the goal. This perspective incorporates 'a change from efforts to do things to families to an emphasis on doing things *with* families' (Weiss 1983). Parents and professionals are considered partners in meeting family needs. Through encouraging peer support and informal helping arrangements, parents are seen as both 'the recipients and providers of support' (Weiss and Jacobs 1988).

An ecological orientation

The importance of looking at children and families in their social context has influenced the development and delivery of family support programs. Bronfenbrenner's (1979) 'ecological' approach to families and their needs has directed attention away from a focus on the child alone to one on the influence of the family and the institutions and environment that surround the family on family functioning. In this view, the capacity of families to nurture is affected 'by the relationship between the family and formal and informal sources of support for them in the community' (Weiss 1983).

The influence of 'mediating structures' (Berger and Neuhaus 1977), such as church and neighbourhood, on a family's ability to provide stability and nurturance to its members, has been recognized. Garbarino's (1983) research has demonstrated the importance of a family's social support network in providing resources for coping with day-to-day life. This has led to a movement within family support programs to foster the development of informal mutual aid networks for families and their members.

Miller and Whittaker (1988) report evidence that social supports may mediate environmental stress and personality deficits and enhance parent-child attachment, increase parental self-esteem and coping, foster healthy child development and prevent family breakdown' (p.162). Several studies have found that children leaving residential treatment centres are more likely to maintain the gains made if supportive ties to family, friends, neighbors, and schools exist (Whittaker 1988).

Garbarino and Sherman (1980) concluded that in neighborhoods with higher levels of social supports such as child care and stronger informal networks, particularly among mothers, the rates of child abuse, neglect and domestic violence were lower even where poverty levels were equivalent. While Young and Gately (1988), in an attempt to replicate the Garbarino and Sherman study, confirm the importance of social support, they suggest that access to material resources is a contributing variable to obtaining social support.

Family systems theory (Minuchin 1974) provides an additional perspective for looking at family context as a focus for family support programs. In this perspective, families are constantly adjusting and accommodating to changes within the family unit, its individual members, and their relation to one another and the external environment. Using a family systems approach, interventions can be planned taking into consideration family rules, myths, boundaries, communication and conflict management patterns and intergenerational influences. In this way, strategies can be planned that build on the family's own learning orientation and value system (Walker and Crocker 1988).

Theories of stress and coping (McCubbin, Cauble and Patterson 1982) have also influenced the ecological approach to family support. A family's resources — social, emotional, and practical — influence their ability to cope with normal life cycle transitions and crises. Most family support programs have as a goal the positive adaptation of family members to stressful situations and the development of adequate coping skills (Krauss 1988).

Community-based Services

Family support programs are usually community-based in recognition of the importance of the community context to optimum family functioning (Garbarino 1983). The Australian Institute of Family Studies research on where families turn for assistance found that when families looked beyond the extended family and friendship network, they preferred familiar contexts such as health centres and schools (Australian Institute of Family Studies 1983). They were also more likely to use formal support services if they were recommended by a trusted community 'gatekeeper'.

Community services are thought to be more accessible, flexible and sensitive to local circumstances. Services based in the community may find it easier to reflect the cultural and ethnic composition of the community in their staffing patterns. Reviews of services to Aboriginal and ethnic communities have stressed the importance of indigenous workers (Victoria. Review of Early Childhood Services 1983; Council of Welfare Ministers 1985). Where possible, programs can build upon existing networks of social sup-

ports or promote the development of mutual assistance networks among families using services. Community-based services are thought to enhance participation of users in planning relevant services and to reduce the stigma that may attach to use of services (Maas 1984).

Concern has also been expressed that an emphasise on 'community caring with its self-help components is one way of reducing expenditures on necessary social services' (Rosenman 1987). A program for families with disabled children illustrates this possibility.

Dunst and Trivette (1988) describe the Family, Infant and Preschool Program (FIPPO) that has provided early intervention services by a team of professionals to over 1250 families of mentally and physically disabled children in North Carolina, USA. Using social support theory, the program emphasizes the buffering effect of informal support from spouses, relatives and friends in promoting positive family functioning for these families. The goal is to strengthen, not replace, these informal supports.

Parent-child Community Cluster groups are established to provide children and family members the opportunity to share resources. A lending library, toy exchange and home-based respite care is available and parents are encouraged to advocate for more sensitive school programs to meet their children's needs.

Analysis of the influence of numerous family, child and environmental measures on family stress and wellbeing found convincing evidence that the availability of social support was the most important mediating variable affecting family wellbeing and stress. Provision of practical support, for example, housekeeping by others, increased the parenting opportunities of mothers to interact positively with the child.

The authors state that 'to the extent possible, needs should be met by members of the family's social network closest to the family unit and should not be provided, replaced, or supplanted by formal support sources' (p. 336). Using the phrase 'from doing to mobilizing', the authors argue that even transportation should be the responsibility of the informal network since they believe it strengthens the family's ability to adapt to day-to-day demands and meet their own needs, thus avoiding dependency on professionals. This attitude makes strong assumptions about the availability of mothers as caregivers, the commitments of network members and the value of family self-sufficiency that does not reflect the concept of families in partnership with the community to meet needs. However, it stresses family empowerment rather than dependency or professional helpers.

Assumptions that community-based programs are cheaper than institutional care or highly professionalised services may be misplaced. Many community programs rely on a female workforce earning low wages without fringe benefits. Potential demand by workers for award wages and regulated working conditions could shift the cost benefit of the way many community services are organized (Jones 1987).

Early intervention

Increased emphasis has been placed on the provision of preventive rather than remedial services, reaching out to families by providing supportive services before situations are at a crisis stage.

Early intervention programs may centre on provision of pre-natal and

paediatric services to ensure a healthy start to childhood. Parent education is a common component. Early intervention family support programs aim to increase the parent's sense of efficacy and competence. Improved understanding of child development is thought to encourage appropriate stimulus and response interactions between parent and child (Weiss 1987).

The focus on parents emerges from research on child development that shows early childhood environments are critical and cumulative in increasing children's opportunities and decreasing risks. (Peters 1988). Upshur (1988) has reviewed family programs that demonstrate how change in parent knowledge, skills and self-esteem improve children's academic and social competencies.

Evaluations of early childhood intervention programs, such as Head Start, Home Start and their many variations, are generally positive. Cost-savings in reduced welfare and remedial education, expenses are frequently calculated (Stroul 1988; National Governors' Association 1987). The limitations to these conclusions will be discussed in more detail in a later section.

Provision of a range of services

Programs have become more multidimensional rather than single service oriented. This shift in perspective is associated with the emphasis on looking at the total family environment, as discussed above, and reflects the fact that families are likely to have more than one need.

Weissbourd and Kagan (1989) state that family support programs usually include: parent education and support groups; joint parent-child activities focusing on child development; home visits; a drop-in center to meet with other families and staff; child care; information and referral to other community services, such as health and counselling; and peer support groups. More comprehensive programs would include medical and psychological assessments. Education and vocational training may be part of some programs. Services are generally provided by a combination of professional, paraprofessional and volunteer staff.

Rodriguez and Cortez (1988) demonstrate the advantages of a comprehensive program that provides services to meet the multiple needs of many families. 'Avance' is a comprehensive parent-child program serving Hispanic families in Texas, in the United States. 'Avance' aims to alleviate a wide range of problems including poor school performance, early pregnancy, child abuse and neglect, and poverty conditions. One-hundred and thirty-five mothers with children under five years of age participated in the Parent-Child Program component.

The program consisted of a three hour Centre-based activity for parents over a nine month period in which parents learned about child development, effective strategies for child management and the availability of other community resources. Transportation and child care was provided. Toy making sessions, picnics, field trips and holiday activities were offered. Peer groups were formed to provide reinforcement and social support outside the Centre. Parents had to contribute child care hours to the Centre and were visited twice a month for video-taped observation which was shared with the parent. Counselling was available.

Data analysis revealed that the program resulted in significant increases in

knowledge and skills, more positive attitudes toward parenting, and greater ability to obtain social support if needed.

Despite the positive evidence, the authors concluded that 'debilitating economic conditions were consuming any potential for improvement and wellbeing in these families'. A consequence of the evaluation was the addition of educational and vocational components to the basic program: Classes in literacy, English as a second language, and high school equivalency were added.

Jones, Neuman and Shyne (1979) evaluated a program to avert or shorten out-of-home placement for families with children under 14 years of age. This program also illustrates the comprehensive approach to providing services. During the eight months of the project, experimental families (N=373) received counselling, financial and housing assistance, medical assessment and referral, information about family planning, parenting and home management skills, vocational training, daycare, and homemaker support. Home visits were made by social workers and case aides. Control families (N=176) received a number of regular services but with less intensive counselling.

Although differences between the groups were not dramatic, the experimental group had more consistent positive outcomes. The average child in the experimental group spent 24 days less in foster care than children in the control group and fewer spent any time in foster care (52 versus 60 per cent for the control group). At a 6-month follow-up, 62 per cent of the experimental group compared to 43 per cent of the control group had returned home.

More of the problems of experimental group children and parents had shown improvement, particularly where material needs had been met. Important factors contributing to successful outcome were: the initial location of the child at home; worker/client rapport; the mother's attitude to having the child at home; and level of child care functioning. Being young, having fewer children and attributing the problem to environmental factors rather than the child or parent were also influential.

Both these examples illustrate the concept of providing services within the family and the wider social context in which families must function.

4. Characteristics of Family Support Programs

The needs of individual families will dictate the type of service required or desired. Any particular service, however, can vary in terms of its funding and auspicing, its content, strategies, participation and specific objective.

Funding and Administration of Services

Just as family support is a concept not tied to any specific program, family support programs may be funded through a variety of government departments and administered by different government or non-government agencies.

In Australia, the need to coordinate services to families across Commonwealth, State, and Local Government levels is demonstrated by a review of programs administered or funded by various departments. For example, marriage counselling services and marriage education programs are funded by the Attorney-General's Department, family planning services and child care through the Department of Community Services and Health, direct income supports, for example, Supporting Parents Benefit, Family Allowance, Child Maintenance, Unemployment Benefits and Age Pensions, by the Department of Social Security, and low-income housing by the Department of Housing. At the State level, family support type services can be scattered across several departments or sections within one Department.

A dominant theme, drawn from a review of State evaluations of the Family Support Service Scheme by the Office of Child Care in 1984, was that projects were likely to be of optimum benefit to the families served if they were linked and coordinated with other welfare services available to assist families to meet basic housing and income needs.

All reviews of services to children and families in Australia and overseas (Victoria. Child Welfare Practice and Legislation Review 1984; Victoria. Review of Early Childhood Services 1983; United Nations 1987) recommend integration and coordination of the funding and delivery of services to reflect the diverse needs of families and improved access to services rather than concerns with bureaucratic structures and flow charts.

Many means have been suggested to achieve coordination and integra-

tion. On a broad policy level, the United Nations (1987) has proposed the creation of a Ministry of Family or a national family policy advisory council, while recognizing that such bodies seldom have strong decision making capacities and are subject to competing interdepartmental pressures.

In Australia, these recommendations have been echoed in 1985 by the call by the Senate Standing Committee on Social Welfare for an Australian Children and Families Commission. On a State level, in 1986, Western Australia established a Family Ministry within the Department for Community Services to achieve 'an across governmental perspective' on policies affecting families (Hallahan 1987). At the service level, Victoria has established a Specialist Child and Family Services Coordination Program to address 'the problem of coordination of services' provided by the Departments of Health, Education, Local Government, and the non-government sector.

Miller and Garbarino (1988) urge the breakdown of traditional competition between levels of government and between government and non-government agencies if families are to be adequately supported. It has estimated there are between 26,000 and 49,000 non-government organizations active in Australia, one-half of them providing family support services (Milligan, Hardwick and Graycar 1984). Use of non-government agencies has been associated with greater service flexibility, innovation, and lower costs (Smith 1989).

Smith (1989) points out several conflicts that can occur between the government and private sectors. Governments are most concerned, according to Smith, with justifying the expenditure of tax dollars in what they perceive to be an equitable manner, whereas non-profit organizations may be more committed to responding to selected clients in ways consistent with the mission of the organization. Governments appear increasingly to insist that funded agencies accept the more seriously disturbed clients who require, in many cases, more intensive and expensive professional and clinical supports than exist in some agencies. Funding of these services is not considered commensurate with these demands.

Another concern is that emphasis on the neediest clients will reduce the ability of organizations to provide a wider mid-range of preventive services. Whether these services will then be provided under other auspices remains unknown.

Increasingly in Australia and overseas, accountability guidelines or service agreements are being negotiated where services are contracted out to non-government organizations. Negotiations over funding, mutual obligations and performance indicators have become a priority issue in several States (Children's Welfare Association of Victoria 1989). Agencies have expressed concern that rigid service agreements may alter the aims of programs and inhibit flexibility in providing services to clients.

Several Australian associations have taken initiatives to adjust agencies quality and accountability standards. The Children's Welfare Association of Victoria (1987) has produced a manual to assist agencies plan, implement and review their programs. The guide provided standards to apply in setting objectives and measuring performance. The Family Support Services Association of New South Wales (1989) has also published a manual to be used as a tool to evaluate services.

Accurate Assessment

Accurate assessment of the needs for various family support services in the community is recommended as an essential planning mechanism for achieving coordination and integration of services on a State, regional and local level (National Council of Juvenile and Family Court Judges *et al.* 1988). Needs assessment, it is proposed, should serve the purposes of determining: the extent to which existing services are used; needs not met by existing services; and the need for services not currently available (p.76). Centralized computerization models to record State, regional and local assessments would be required.

A minimum set of 18 indicators of children's wellbeing was developed by the National Governor's Association in the United States (1987) to enable comparisons on status to be made among the States. Analysis of these indicators, chosen because they were readily obtainable on a State-wide basis, allows States to select areas where need for improvement is indicated and to direct resources to these areas for the development of prevention strategies.

The indicators are grouped in the following categories: kindergarten attendance; children in poverty (for example, percentage of population under age 18 receiving public assistance); infant health (for example, percentage of low-birthweight infants); young mothers and young children (for example, births to mothers under age 20; working mothers with children under age 6); State and federal support programs (for example, percentage of recipients, percentage eligible but not served, percentage of collected child support payments); and indicators of long-term dependency (for example, high school dropout rate, unemployed youth, juveniles in custody).

One advocacy group in California (Lazarus and Gonzales 1989) published a 'report card' comparing California's performance on a variety of indicators with other States. Additional indicators to those listed above included rates of child care and demand, victims of child abuse and neglect, youth suicide and substance abuse.

The creation of indicators of child and family wellbeing can serve several purposes. Indicators can raise consciousness about the conditions of children and family in the community, provide benchmarks for assessing improvement on these dimensions and set priorities for targeting resources.

An information sharing system for the Family Support Program was investigated by the Commonwealth Department of Community Services and Health (1987). The report notes that although departmental administrators and service providers want information on client profiles and service characteristics, concern was expressed about the time and cost related to filling in excessive forms.

The funding of a broad range of family support services is a complex administrative function. The major source of funding in Australia and overseas is federal and state monies. In general, family support programs are funded from health, social services and education budgets. While some services are mandated by legislation, others rely on bureaucratic and organisational lobbying to gain access to funds. Across and within departments

there is 'confusion of boundaries' as to which program is funded under which category. Farrow, quoted in Stroul (1988), advocates a 'collaborative programming and financing' strategy to fund, develop and operate programs. Such joint initiatives require high levels of cooperation.

In the United States some States have established Children's Trust Funds to provide finance for family support type prevention programs. Revenue is generated by a surcharge on birth and marriage certificates and licenses or divorce decrees which are then invested to provide continuing financing. These funds are usually administered through the State departments of social services, but may also be located in the Governor's office. Community groups are requested to submit proposals to the Trust Funds to develop services to families (Birch 1983).

Private foundations and corporations are major contributors to 'demonstration' family support projects in the United States and often fund child care information and referral services. One example of this public/private partnership is the Ounce of Prevention Fund in Illinois which originated when the Pittway Corporation and the State of Illinois provided matching funds to develop six intensive early childhood education programs. Further public/private enterprises have enabled the establishment of school-based health clinics and a 'Parents Too Soon' pregnancy prevention program (National Governor's Association 1988).

In summary, there appears to be agreement that policy, planning and administration questions are critical, but no consensus on how best to achieve coordination and integration in the delivery of family support services.

Targetting of Family Support Services

As the orientation moves from a deficit categorical model targetted to incompetent families to a more universal view acknowledging that all families require support at some time, the question of priorities is raised. Given limited resources, who should have first claim on such programs? (Kagan, Powell, Weissbourd and Zigler 1987).

Despite the recommendations of all reviews of child and family services as described in a previous section that services should be available to all families, in practice, governments tend to provide services primarily to those families whose needs cannot be met by extended family, friends or neighbors, 'a provider of last resort' (Kagan, Powell, Weissbourd and Zigler 1987).

The Children's Welfare Association of Victoria (1987) reports evidence that families that make up the clientele of the non-government agencies are often the multi-problem, and at-risk families. And as noted previously, the clientele of the Commonwealth Family Support Programs were mainly traditionally defined disadvantaged families (Jamrozik, Drury, and Sweeny 1987).

In the United States, Maryland, Minnesota and Missouri among others, have opted for universal eligibility in their respective Family Support Centres (Friends of the Family), Early Childhood Education Family Education, and Parents as Teachers programs. However, special efforts are made to locate more stressed populations. For example, teen parents in Maryland's Friends of the Family program, low income and non-English speaking fami-

lies in Connecticut's Parent Education and Support Centers, and parents of newborns and 'at-risk' families (Weiss 1989).

Weiss (1989) argues that universal provision minimises any stigma attached to social service programs, but high demand from middle class families can limit the resources available for more intensive services for high risk families.

Levels of intensity

One answer to the question of who should be served is to categorize services along a continuum from crisis intervention to minimal support, with the level of intensity rather than content being the distinguishing component. Generally speaking, the more universal a service, the less intensive the intervention. The distinction between level, content and intensity becomes clearer when types of family support programs are described in a later section.

Services may be known as family strengthening, family preservation, family prevention, family resource or family support programs (Weissbourd and Kagan 1989). They can be categorized as developmental, preventative, rehabilitative, or residual (Queensland Family Support Association 1984).

The United States Administration for Children, Youth and Families distinguishes between 'family support services' that are generally community-based and more voluntary in nature, and 'intensive family services' which are usually more comprehensive, treatment-oriented and tend to be intrusive (C. Sudia, 1989, pers. comm. August).

Levels of intensity are often depicted as a triangle, with primary prevention services to the general population at the base and tertiary treatment or institutionalisation for the most at-risk families at the apex (National Governors' Association 1987).

Kadushin (1980) proposes a slightly different set of categories. He characterizes child welfare services as supportive, supplemental, or substitutive although there is overlap among them. Supportive services work with families where the family system is basically intact but subject to stress which could result in the system breaking down.

Supplementary services are applied where the family system is impaired and parents are unable to carry out their responsibilities without some assistance, for example, home making support during an illness.

Substitute services are required where the family system has broken down and children are placed in temporary or long term care.

Protective services may be a combination of supportive and supplementary services called upon to maintain a neglected or abused child in the home. The same categories can be applied to family support services.

At the universal level are services such as maternal and child health care, child care and parenting or family life education. Provision of information or materials that individuals can use themselves to increase their skills and knowledge about relationships and parenting can be considered one important level of family support (Edgar 1989). Toy libraries are one example. A Family Resource Centre that includes a library, videos and community forums on parenting is another. Such a centre was recently established in Launceston, Tasmania.

Family or Neighborhood Centres can be in this category. Referring to family centers in England, De'Ath (1989) observes 'the phrase "family cen-

tre" is increasingly being used as a generic term for any provision for parents and children where a range of services is offered to families living in a defined area and where the centre acts as a base for carrying out many of the activities' (p.200). Centres can serve as links between formal, statutory and informal support services and networks within a community (Smith 1987).

In some cases, family or neighborhood centres are targetted more to families at risk where there is more emphasis on therapeutic activities around parenting and social support. Smith (1987) describes the various objectives of British family centres as ranging from provision of day nursery education and parenting education, community-based social work to preventive community paediatrics. Evaluations of family centres in Britain (Smith 1987) provide more anecdotal than experimental evidence that suggest participants became less socially isolated, but that acute problems did not diminish.

A range of educational, developmental and preventive services for families at the low- to mid-continuum of stress represents another level. Generally these services may be available to all who want to use them, but those who avail themselves of these services may be from selective groups. Referral from other agencies and professionals may play a role in access to these services. Financial or home budget counselling, parent education, marriage and family counselling, and home assistance in specific circumstances could be considered in this category.

Another step up the ladder of intensity of intervention may be early intervention programs for identified at-risk or vulnerable families, for example, families in which there is a handicapped infant or a teenage mother.

Families with multiple problems, in crisis or at risk of having a child removed for abuse or neglect would require additional interventions to those listed above. Emergency or foster care placements are examples. More intensive home assistance or therapy may be required (Mitchell 1987). Jones (quoted in Stroul 1988) argues that some degree of dependence on long-term limited-cost assistance is warranted where it bolsters a satisfactory family environment for maintaining children at home. Services thus represent 'a continuum of care' (Stroul 1988) denoting a range of services at varying levels of intensity.

5. Types of Family Support Programs

The characteristics of family support programs outlined in the previous chapter define a broad range of programs of varying intensities found under a variety of sponsorship. Weiss and Jacobs (1989) observe that 'programs that may seem dissimilar because they are under different auspices, serve different populations, or are addressed to social problems "owned" by another agency, on closer examination turn out to employ similar means to achieve similar or overlapping ends' (p.xxi). Different programs are also likely to share common outcomes.

The Family Resources Coalition in the United States acts as a clearing-house for over 2000 family support programs. Community-based programs listed by Zigler and Black (1989) include drop-in centres, home visitors, peer support groups, parent education, parent-child activities, and information and referral to a range of services from medical to child care. Weissbourd and Kagan (1989) add to these categories, health and nutrition education, developmental health screening, and child care.

Neighbourhood Centres

Neighbourhood Centres have been established in all the States of Australia as one means of combating isolation of families in a community. They are considered to play an important role in developing support networks among residents. Many Neighborhood Centres are located near housing commission residences. Although Government policy promoted the concept of a broadly based neighbourhood facility, women in the community were the main force behind the establishment of the houses and are the primary participants in the activities.

A study of Neighbourhood Houses in Tasmania (Dean, Boland and Jamrozik 1988) found that the 21 houses offered a variety of activities. Most popular were: arts and crafts, sport, recreation and social (e.g. bingo and video nights, netball, coffee mornings and lunches), cookery classes, health and fitness (e.g. ante-natal classes, beauty and grooming, home safety), educational (e.g. book discussions, learning skills, budget management, music, access to further education, TAFE courses, migrant English), food

cooperatives, child care, support groups (e.g. parents anonymous, play groups, special needs children), and counselling.

Home- and Community-Based Programs

Home-based family support services have been the focus of recent United States initiatives. Factors contributing to the growth of home-based services are: the increasing demand for out-of-home substitute care placements; increased costs for paying for substitute care; changes in the status of juvenile offences without additional resources for children no longer taken into the criminal system; and decreasing satisfaction with the outcomes for children who are returned to their families after placement (Hinckley 1984; Stroul 1988).

Impetus for the development of new models of intervention for 'at-risk' families was the passage of the *Adoption Assistance and Child Welfare Act* 1980 that went into effect in 1983. The law requires judges to make a determination that 'reasonable efforts have been made to prevent out-of-home placement or the federal government will not reimburse the States for foster care costs' (Sudia 1986). Permanency planning aimed at reunification with parents or placement in permanent care through adoption is mandated. Visitation by parents to children in care is safeguarded in the legislation.

Several American States are in the process of developing comprehensive plans for prevention and reunification services to comply with the legislation. Illinois State law, for example, mandates a once-a-week visit between parents and children in foster care if the goal is reunification.

A National Resource Center For Family-Based Services was funded by the United States Children's Bureau, Administration for Children, Youth and Families, to provide technical assistance, training, research and dissemination of information to government and non-government organisations and to develop family-based alternatives to out-of-home placement.

According to the National Resource Center on Family-Based Services (1988) there is no single model family-based program. It is, therefore, difficult to isolate the specific elements of these programs which are often referred to as Family Preservation Programs.

In the United States, a prototype home-based program is Homebuilders. Homebuilders is a short-term, intensive program of from four to six weeks that uses a behavioural family therapy mode incorporating a family systems approach, teaches skills and assists families to obtain needed basic services, such as housing. Founders Haapala and Kinney (1979) report that staff are trained in a variety of therapy modes including rational emotive therapy, parent effectiveness training, assertiveness training, values clarification and fair fighting. Homebuilders staff enter the family system during a crisis when a child is identified as being at risk of being placed in care, a time when families may be most motivated to effect change.

Professional social work staff carry small caseloads (2 families), and work with families seven days a week, around the clock if necessary. Small caseloads are justified since the short time of the intervention still allows each case worker to see, on average, 23 families a year. At the end of the intensive counselling provided by Homebuilders, families should be able to use community services if and when required.

Homebuilders is one of the most frequently evaluated programs. According to one evaluation (Edna McConnell Clark Foundation 1985) one year after Homemakers involvement, 90 per cent of children were still with their families. Some concern has been expressed about the efficacy of short-term intervention without other support (Sudia 1989). For example, effective referral and availability of other community resources such as child care would appear to be a key to Homebuilders success.

A number of American States have adopted or adapted the Homebuilders model to increase compliance with legislative requirements. The State of Maine is one example (Hinckley 1984). Services were limited to families where there was the risk of removal from home. Home-based intervention counselling, skills building and linkages to appropriate community supports were carried out by a team of two counsellors over a 9-12-week time span. Counsellors were available on a 24 hour, 7 days a week basis. In this case, the State recognized that short term intervention was not a 'cure' for multi-problem family situations but a process enabling them to become more proficient in using community resources to meet their needs. Cost-effectiveness calculations are based on savings to the States of the cost of out-of-home placement.

Since 1984, the State of Maryland has implemented Intensive Family Services, characterized as a family preservation service delivery model. Administered by the Services to Families with Children Division as part of the State Social Service Administration the program has little involvement from private contractors. Services are provided by a social worker and parent aide team who work with only six families over a 90-day period. Initially, the team may work with the family up to 20 hours a week tapering down to once a week contact. A family therapist is on call as a consultant to the teams. 'Flexible dollars' are available from the State to meet financial emergencies, such as paying rent, or electricity bills.

The National Resource Center on Family-Based Services claims programs report success rates of 80-90 per cent in keeping high risk children and families together (US Select Committee on Children, Youth and Families 1987).

Halpern (1986) has reviewed the literature on the effect of home-based early intervention programs using lay or professional home visitors. He reports a modest overall positive immediate effect favoring treatment over control group families. However, the individualized nature of home-based interventions has made comparisons difficult.

Greenspan and White (1985) conclude that evidence for longer term impact is less clear with the exception of a few comprehensive interventions with disadvantaged children. Their review of early intervention prevention programs uncovered less parent skill building and more focus on the child in treatment and outcome variables.

Varying definitions of success can contribute to the differences of opinion encountered in evaluation studies. Exponents of short term intensive family support programs do not claim to address all of a family's problems. Short term very specific goals may be contracted with the family. After alleviating an immediate crisis, the aim of some programs is to link the family with other services and then retreat.

An evaluation of the State of Maryland's Intensive Family Services program (Maryland Department of Human Resources 1987) indicated that the

thirteen pilot locations had reduced levels of foster care placement compared to others in the State. Of the 351 participating families with 838 children, only 4 per cent of children were placed in foster care during the 90-day program period. Approximately 20-30 per cent of cases were transferred to other State services such as Child Protection. Although, overall, home conditions, child behaviour problems, caretaker (parental) support and cooperation were reported to have improved, substance abuse and several abuse levels did not decrease, and in some instances were observed to increase.

The point is made that by working closely with families, problems hidden at intake are identified which change the assessment of risk at the time of program termination.

A review of Head Start's Child and Family Resource Program (Zigler and Weiss 1985) confirms this predicament. Results indicated increased access to and use of other services, increase in numbers of mothers in employment or training, but little difference in the social or competence levels of children at the three year follow-up. One explanation for the disappointing child outcome was attributed to the amount of time spent helping mothers deal with urgent needs for housing, income or medical problems which interfered with time spent on child development activities. Another concern was that working or student mothers did not have the time to participate in many of the components of the program.

Peters (1988) compared the effects of three Head Start delivery models: home-based, centre-based and a mixed home-centre approach. No significant differences were reported between the groups on child outcomes of competence and school success. All the children made gains. Mothers in all the programs provided more books and had higher levels of verbal interaction with their children.

Family aides

Home-based services are frequently provided by family aides. Family aides, sometimes known as family support workers or homemakers, are non-professional helpers who work as part of a team in supporting families. According to The Family Aide Projects Association (Briggs 1988) their aims are to 'enable families with dependent children, lacking family management and parenting skills, to cope more effectively through development of skills and strengths'.

The major reason for intervention with a family was the presence of a child identified to be at risk of neglect or abuse. Family situations where there was a single parent, a special needs child, or incidents of domestic violence or adult psychiatric disability were also offered family aide services.

Use of bi-lingual family aides to assist non-English-speaking families in the community is becoming more common.

Modelling of parenting and home management skills, creation of social support groups and assisting families to use other community resources effectively are seen as some of the important contributions of family aides.

Evaluations of homemaker services in the United States (Kadushin 1980) conclude that these services enabled thousands of children to remain in their

own homes in situations where parents were faced with illness or other crises that would have meant placing children into foster care. Homemakers were considered a positive mediating factor in helping families to use other services, such as hospitals, more effectively.

Maybanks and Bryce (1979) recommend the use of family aides as bridges between foster and natural family care situations, encouraging, where possible, 'parents as co-participants' in raising the children. Family aides can facilitate telephone contact, holiday celebrations, discussion groups and teach parent skills.

Family aides usually work as part of a social service team, located under various local government or non-government agency auspices, which provides supervision and access to other services for the families.

Home Start is a British voluntary 'befriending' scheme that offers personal support and practical help to young families with children under five years of age. Home Start volunteers must be mothers since the aim of the program is to provide friendship 'between a mother who has learned to cope and a younger mother who is finding it hard to do so'. Although home-based, volunteers also link families with community services such as libraries, parks, family planning and health services.

Volunteers are given a 10-day Course of Preparation but receive continuing support from a paid organizer and members of the scheme's Management Committee. Generally Home Start operates in conjunction with local Social Services departments. The founders have expressed some concern that Home Start does not become an adjunct of the social workers.

A Home Start Consultancy was established in 1981 to provide technical assistance in setting up new schemes. One evaluation of the program found that 'it appears to effect considerable change with the majority of families through a process of social support, personal development and modelling of child-rearing skills (Harrison and Hart 1983).

Concerns about family aides noted in the literature (Maybanks and Bryce 1979; Ross 1982; Briggs 1988; Child Welfare League of America 1989) involve distinctions between routine housekeeping and homemaker services, flexibility of hours, recruitment of workers and questions of status and wages. Adequate supervision and support, and integration as a team effort, are deemed essential and can help avoid some of these problems. The use of unpaid volunteers, as in Home Start, can be a contentious issue.

Halpern (1986) worries about family aides having to perform inappropriate professional tasks of medical diagnosis or providing counselling because family aides are being used where there is a lack of other social services. Lay workers may have difficulty setting limits on their involvement in their own communities. In addition clients may be reluctant to expose problems to someone known in the community. On the other hand, lay workers often have greater flexibility in available time and involvement with clients than professionals who must abide by bureaucratic restraints (Halprin quoted in Zigler and Black 1989).

The Child Welfare League of America (1989) has promulgated standards for in-home aide services. The standards describe the roles of aides and the social worker supervisor, set out qualifications and accountability requirements, suggest a training curriculum, and emphasise boundaries of family involvement and hours employed, particularly for live-in workers.

Reunification programs

Family support programs for children and parents where a child has been placed in foster or residential care aim to assist adjustment to the transitions of separation and reunification and to increase the capacity of the family to remain united.

The special needs of families in these circumstances have been identified (Silverston 1989; US Select Committee On Children, Youth and Families 1987; National Council of Juvenile and Family Court Judges *et al.* 1989). These special needs are related to the resolution of grief around the separation of the child from the family, confronting the problems that led to the original out-of-home placement, ambivalence about re-establishing residence, and reorganisation of time, space and finances to accommodate the child's return. Despite the emphasis on the special needs of families where a child is in placement, the services described as optimal strategies are similar to the components of more generic family support programs.

Emphasis in the more comprehensive programs is on the continuum of services from the time of referral to placement, during placement, at the time of discharge, and through at least one year at home. Responding to the family centred approach to providing support, attention is given not only to the child but to the needs and concerns of the biological and foster care parents. Most of the programs described rely heavily on family and individual therapy approaches.

An example is the Child Help Aftercare Project, (Silverston 1989) which identified components for a model after-care program. These include: in-home visits by a family aide to detect signs of abuse; assistance with parenting education and modelling and encouragement of linkage with community resources; parenting education and self-help groups; job training for parents and adolescents; provision of respite care and relationship counselling.

Guidelines for defining 'reasonable efforts' to comply with the *Adoption Assistance and Child Welfare Act 1980*, which requires that reasonable efforts be made to reunite foster children with their biological parents, have been developed by the National Council of Juvenile and Family Court Judges, Child Welfare League of America, Youth Law Center, and the National Center for Youth Law in the United States. Reasonable efforts to assist families in reunification include: cash payments to meet emergency needs; on going financial support; provision of necessary food, clothing, housing and emergency shelter; in- and out-of-home respite care; day care; treatment for substance abuse; mental health counselling; parenting and life skills training; household management and plans for visitation procedures. In terms of service delivery, it is recommended that social workers be available by telephone and for home visits 24 hours a day, seven days a week.

Research on preventing out-of-home placement from families where there is a disabled child has attempted to determine what services enhance a family's ability to maintain a disabled child at home. A survey of 23 American State family support programs aimed at assisting families to maintain their handicapped child at home (Slater, Bates, Eicher, and Wikler 1986) concluded that cash subsidies were necessary to allay the additional financial burdens incurred by families caring for a disabled child. Cash benefits alone, however, did not necessarily reduce family stress associated with

social isolation, foregone work opportunities and coping with the daily demands of caring. These personal and emotional demands appeared to contribute to out-of-home placement as much as financial costs. Financial aid was often used to purchase respite and babysitting relief. Families with strong family, friendship and community support networks to share caring have been identified as experiencing less stress in caring for disabled children.

Foster care issues are deserving of a literature review of their own and this report can only highlight some of the family support aspects. Temporary or short term foster or family care services that provide a respite period for children and their families has been advocated in Australia (Gain, Ross and Fogg 1987) and overseas (Goldman 1988) as means of preventing long term out-of-home placement of children. Programs for adolescents may emphasize preparation towards independent living along with continued contact with the natural parents. Continuing provision of therapy and counselling for both children and parents during the placement and after reunification is recommended. Linkages with schools, juvenile justice workers and other community supports are considered vital if gains are to be maintained. The time-consuming aspects of after-care have been noted (Children's Welfare Association of Victoria 1987). Financial and housing assistance are often deemed necessary (Gain, Ross and Fogg 1987; Goldman 1988).

Goldman describes a number of crisis programs including shelters for homeless youth that provide short-term (up to six weeks) therapeutic accommodation for young people as an alternative to psychiatric hospitalisation or juvenile detention. The majority of clients in the programs reviewed were adolescents (more frequently male) who manifested aggressive, depressed or suicidal behaviors or had evidence of sexual, physical and substance abuse.

Treatment generally incorporates developing a structured agreement identifying the problems and setting specific goals. Individual and group therapy, establishing supportive networks with schools, mentors, recreation workers and family members and participating in 'house' chores and activities are common components of most programs.

Evaluations indicated that in most cases crisis intervention programs were effective in reducing hospitalisation, with between 60-70 per cent of clients able to return home. Costs are higher in many crisis programs because of the use of professionals and round the clock staffing of programs. The major strengths of the programs were attributed to: agency and program flexibility; commitment and willingness of staff to do whatever was necessary to assist a family; 24 hour staff availability; and good community networks.

Problem areas mentioned include: recruitment and retention of staff due to low salaries and burn-out; lack of therapeutic outreach day centers and other community resources; unwillingness of funding sources to pay for longer term therapy deemed necessary.

Determinants of success

Although evaluations of demonstration reunification projects (Hansen, Peterson, Ozier and Gosselin 1989; Silverston 1989) are described as having positive results on maintaining family stability, results vary depending on family characteristics and intensity of services provided.

Several evaluations have attempted to distinguish between families that successfully respond to family support interventions and families that fail to achieve program objectives (Ayoub and Jacewitz 1982; Slater *et al.* 1986; Reis *et al.* 1986). Ayoub and Jacewitz found that least successful families had a history of chronic abuse and neglect. Less success has been associated also with older and delinquent children.

Hansen *et al.* (1989) found that unless parental substance abuse or mental illness was treated, success was unlikely. They also found that smaller case loads were essential to ensure frequent home visits. Silverston (1989) reported aggressive behavior was still present in 30 per cent of children one year after reunification, and 90 per cent required some form of special education.

Findings of several studies (Whittaker 1988) have found high correlations between successful reintegration into the family and the family environment at the time of re-entry. Unless the conditions that had led to out-of-home placement had been ameliorated, the long-term prognosis was more likely to be negative. The provision of 'tangible goods and services' appear to be a critical factor discriminating between families who remained intact and those where placement of a child recurred (Stroul 1988). Jones (reported in Stroul 1988) suggests a maintenance approach where families enter, leave and re-enter services may be more effective than a closed-case approach.

Some Australian Initiatives

In Australia, services for families and children are generally administered through State community service departments. Some idea of the range of programs and services with a family support focus can be gained from a review of the annual reports from each State.

Queensland

The Queensland Department of Family Services Annual Report (1987-88) lists the following family support services in addition to those within the Family Support Program: respite care of disabled children living at home, homemaker service, family daycare, child care centres, Neighborhood Centres, child abuse prevention education, family planning and pregnancy support programs, emergency family accommodation, family welfare community development workers to encourage community self-help group initiatives, a Proctor Program of youth mentors for adolescent girls in the juvenile justice system.

New South Wales

The Annual Report (1987-88) of the NSW Department of Family and Community Services describes a range of family support services: a child protection and family crisis service that offers preschool services to abused children and material assistance to families, day care and after school care, Neighborhood Centres, toy libraries, mobile resource units that bring playgroups and aid development of self-help groups in isolated areas, family camps.

A support program for adolescents and their families emphasizes family counselling at youth refuges and centres. The home/school liaison program

run jointly with the Department of Education has a special focus on Aboriginal and non-English speaking students and their families to encourage school achievement.

South Australia

Examples of Family Support Programs listed by the South Australian Department for Community Welfare include: Aboriginal Homemaker Service; Parent Education Programs; and Single Pregnancy and After Resource Centre. Other family support services include a program of volunteer Community Aides who provide, among other assistance, transport for foster children to visit their natural parents and informal supports for foster parents. Groups for Parents of Hearing Impaired Children, Spanish Latin American Mothers and Young Mums are supported under the South Australian Community Welfare Grants Program.

Tasmania

The Tasmanian Department for Community Welfare lists under Family Support the Homemaker service which provides child care, budgeting and domestic organisation support to families. A Regional Adolescent Support Program provides after school and holiday activities for young people and their families who otherwise may have gone into care.

Western Australia

Western Australia has established Family Centres which basically offer playgroups for four year-old children. The Centres also provide a venue for community activities, vacation care and social activities for adults. A centralized Parent Help Centre provides information and counselling to families with pre-school children. It is open seven days a week and has a 24-hour crisis telephone service. An Early Education Program and Parenting Skills Groups are available. Overall, initiatives to resolve parent-child conflicts are a departmental priority (Western Australia Department for Community Services 1988).

Victoria

Victoria has added to its repertoire of family support services a Pilot Parent Education Skilling Networks Program. The program is described as 'a preventive measure . . . response to child abuse, child protection and domestic violence' (Press release Victorian Minister for Community Services 17 July 1989) and is targetted to parents where youth, cultural, language or geographical isolation increase vulnerability. Its purpose is to increase opportunities for families to participate in relevant parent education and skills development.

Parent education officers will link parent support networks with parent education providers. Training packages and resources will be developed for parent educators. A Clearing House on Parent Education will be established. Community education will be undertaken to increase awareness that parenting is a difficult and complex task for which all parents can benefit from advice and assistance (John 1989).

In summary, annual reports only provide a global view of services and programs. Specific family support programs will incorporate a range of generic and innovative educational, counselling, social and practical services to meet the needs of particular families. Individual family support programs are described in annual reports or brochures of non-government agencies, some of which have conducted evaluations which are also published (Family Action 1989, McIntosh 1988).

6. Issues in Evaluation

The ecological approach to development of family support programs extends into the area of evaluation. Measures of program effectiveness have expanded from a limited reliance on intelligence and achievement scores to assessments of parent-child interaction outcomes, parent and family systems outcomes and effects on social support systems (Weiss 1989).

Magura and Moses (1980) disclose, however, that precise measurements of case outcome, particularly in the case of children's wellbeing and the suitability of the caring environment are not yet well developed and face 'formidable technical conceptual obstacles' (p.595). Current indicators according to the authors, may be less sensitive to client improvement in important social and emotional areas and may be subject to the assumption that agency decisions about placement are appropriate.

Child-Focused Outcomes

Most child focused interventions aim to ameliorate disadvantages associated with social and emotional impoverishment or developmental disabilities due to physical or mental handicap (Hauser-Cram and Shonkoff 1988). Traditionally the dominant measure of success has been improvement in IQ scores. These measures often fail to reflect cultural diversity and may mask areas of strengths.

Hauser-Cram and Shonkoff (1988) call for extending child focused outcomes to include improvement in self esteem, social competence, attention and motivation. Other measures proposed have been rates of absenteeism, number of grades repeated, placement and in special education (Seitz, Rosenbaum and Apfel 1985; Berrueta-Clement, Schweinhart, Barnett, Epstein and Weikart 1984).

Parent Outcomes

Parent outcome measures frequently suggested relate to mental and physical health status, levels of stress, knowledge of child development, and parenting styles.

Upshur (1988) has reviewed early intervention family programs that demonstrate how increased parental self-esteem and skills have positive effects on child cognitive and social development and family dynamics. Although improved knowledge of child development and increased self-confidence can influence child outcomes, low socio-economic level is still the most powerful influence on children's educational achievement (Amato 1987). Attention to raising the economic level of the family is necessary so that parents or children can focus on other domains.

Magura and Moses (1980), however, question the emphasis on measures of changes in parental health and self image in that they do not directly indicate whether the factors precipitating entry into services — physical, sexual abuse, neglect, inadequate food or shelter — have been ameliorated.

Upshur (1988) recommends involving parents in the design of agreed-upon goals of the program to avoid parental concern about being judged as an inadequate parent.

Common Problems

Problems observed to be common in many family support programs are:

- individualisation of services to meet each family's particular needs;
- latitude in frequency and intensity of utilization of specific program components, for example, drop-in centres, play groups;
- variability in frequency and intensity of staff contact, for example, home or centre-based visits;
- variability in focus of intervention, for example, improved housing, parent education, child behaviour, health referrals;
- inconsistent adherence to goals and approaches by staff;
- differences in staff training and supervision;
- absence of clearly defined assumptions about program process or how goals were achieved, for example, as a result of improvement in self-esteem or acquisition of parenting skills;
- feasibility and ethics of using control groups;
- attrition in control and experimental groups;
- contamination from other services and social supports;
- variability in settings and population groups;
- focus of outcomes in a narrow or broad band, for example, parent, child, family, residence status or wellbeing;
- lack of uniform time intervals for assessment across programs (Weiss and Jacobs 1988; Zigler and Weiss 1985; Miller 1988; Powell 1988).

The negative effects of extensive data collection have been highlighted in a review of programs aimed at adolescent parents (Miller 1988). Miller reports participants were deterred from attending group meetings because they did not want to complete more forms. Many of the self-administered forms were inappropriate for participants with low reading skills.

Consensus on objectives and the techniques for measuring whether specific objectives have been met is still lacking in the family support services field. One survey of American public and voluntary agencies (Magura and

Moses 1980) found 138 different methods for measuring outcomes. Self-administered client report followed by caseworker report at the time of case closure were the most common techniques used.

A Case Evaluation

Tivnan's (1988) summary of the Brookline Early Education Project (BEEP) demonstrates these evaluation dimensions. The aim of the program was to 'demonstrate the effects of an array of early education services on children and their families' in connection with the local school system. Grounded in child development theory stressing the profound impact on development of the first three years of life and the influence of mothers as 'teachers', as well as ecological concepts, the program provided services for children, parents and family supports. It spanned birth to early primary school years and was multidisciplinary in approach involving teachers, paediatricians, psychologists and nurses.

All children in the school catchment area born during the study period (1973-1974) were eligible for BEEP. The major components were parent education and support, diagnostic monitoring, and educational programs for the children.

During the first two years, teachers made home visits to parents to increase their knowledge and information about normal child development and effective child management. Families were encouraged to visit the BEEP center to borrow books, toys, talk with staff and attend informal discussion groups. Later, between 2-3 years, home visits were mainly replaced by discussion groups, parent-teacher conferences and classroom observation. A nurse and social worker were available to assist families in connecting to community resources such as child care.

Frequent health and developmental examinations were conducted to alert parents to needed remedial care. Weekly play groups were held for children from the age of two years with parent observation and consultation incorporated as a component of parent involvement. Three and four year-olds could attend a morning kindergarten that incorporated diagnostic elements.

The amount of parent education input was controlled to ascertain whether cost benefits could accrue from less intensive services.

By the end of second grade, the evaluation concluded that children who had participated in BEEP had 'relatively fewer problems in important aspects of classroom competence'. They had improved social behaviour and mastery of skills, although there was little difference recorded on standard cognitive measures (IQ). Parent outcomes were not reported.

More intensive levels of parent education and support were found to be required for less advantaged families.

Use of local schools to coordinate the program was seen to have positive benefits, reducing any stigma that might be attached to participation. Collaboration across professionals was recommended.

Difficulties with the evaluation model included the absence of a control group because of anticipated 'diffusion' of treatment interventions from participants to control families in the population. Participant families were compared at various checkpoints on health and education diagnostic tests, however, obtaining comparison groups proved difficult. Attrition was another concern. Of the initial 320 families, only 104 were available for the

follow-up of children in Grade 2, mitigating against complex statistical analysis.

Since individualisation of services to meet different family needs was encouraged, it was not possible to maintain service level distinctions. The amount of parent contact varied considerably within the low-high categories.

The authors emphasize the need to accept small main effects in programs offering individualized interventions across families with different levels of need and rates of participation. A focus on the differential impact on sub-groups was suggested.

When discussing the parameters of evaluation strategies, it may be well to consider these words of Miller (1988) 'Dreams of "conclusive findings" have been replaced by more humble aspirations of achieving "incremental clarification"'.

Cost Effectiveness

As the costs of providing services, particularly those considered social welfare, have escalated, federal and state governments have become more concerned with the cost-effectiveness or cost-benefits of programs.

Cost effectiveness evaluations of many family support programs tend to calculate cost-savings mainly on the basis of the difference between the cost of a specific family support program and alternative out-of-home placements for children at risk of child abuse and neglect. The cost of the ongoing services families are linked to is not always included in the equation.

A report issued by the United States Select Committee on Children, Youth and Families (1987) reviewed the research on cost-effectiveness of selected pre-school education programs. Calculations indicated that 'a \$1 investment in pre-school education returns \$6 in savings due to lower special education costs, lower welfare and higher worker productivity and lower costs of crime'. The report does not refer to the other components such as parent education and linkages to other health and welfare services that are often tangential to participation in these programs, particularly the Head Start programs described elsewhere in this review.

The State of Maryland concluded that the annual cost savings through their Intensive Family Services Program was US\$6,174,000 in foster care placements (United States Select Committee on Children, Youth and Families 1987). A California state advocacy group (Lazarus and Gonzales 1989) claims it costs \$3000 to provide a vulnerable family with intensive counseling, respite child care and other in-home services to prevent problems from growing to the point where a child is taken into care. Comparison costs are US\$5500 for fostering a child during one year and US\$31,000 for placement in a residential group home. Anderson (1988) estimated that the use of a family aide plus counselling costs Aust\$37.00 per week compared to Aust\$160 per week for foster care or Aust\$400 per week for residential care. Costs were based on services provided by a Victorian non-government agency.

Another perspective on cost-benefit of home-based services is given by Bryce and Lloyd (1984) who state that the cost of serving all family members is equivalent to the cost of keeping just one child in foster care. Since

families in which a child is at risk of placement are likely to have multiple needs, this assumption can represent extended family benefits and financial saving.

Problems associated with determining the cost-effectiveness of family support programs have been identified. White (1988) observes that program budgets may not reflect accurate estimates of what a program actually costs. Donated facilities, volunteer staff, parental assistance and other in-kind contributions may not be accounted for when costs are compared to other programs. Reliance on State or local educational and health resources may be ignored. Access to these resources, as well as philosophical differences in utilizing some of these resources, may vary between programs.

White (1988) also argues that cost analyses may not always focus on the real cost-effective component of a program. An example given by the author is of one evaluation comparing two similar programs which failed to identify that the amount of parental assistance was a key factor in both cost-savings and success rates.

Cost-benefits in terms of saving public monies may not consider the private costs incurred when, for example, disabled children are cared for at home rather than placed in an institution (Slater, Bates, Eicher, and Wickler 1986).

7. Summary and Conclusions

This review of the literature on family support services has focused on community-based programs whose overall aims are to promote family well-being and prevent family breakdown. The review has described characteristics of family support programs and identified a number of issues that can affect policy and practice in the development and delivery of services to families.

Purpose and Scope of Family Support Programs

There is general consensus in the literature that all families can benefit from information, advice and assistance in carrying out their caring and nurturing tasks. When choices have to be made, however, the tendency is to assign priority to remedial and crisis services for families at risk.

Although indicators exist that suggest conditions that may lead to eventual crisis or breakdown, it is still difficult to distinguish at what point any particular family may benefit from a service which will prevent more severe consequences. Solutions to the dilemma of to whom family support services should be offered usually propose that a range of universal services to all families and children should be made available while high risk and vulnerable families should receive priority. In practice, the two tend to be mutually exclusive.

Development of indicators of family wellbeing and ongoing monitoring of how well communities are meeting these standards would enable resources to be targetted, created or expanded.

Characteristics of Services

The diffuse boundaries of what constitutes family support services are reflected in the descriptions of programs. Common components of family support programs are: parent education; home visits to provide emotional and practical support; counselling; centre-based social and educational activities to stimulate development of informal self-help networks and linkages to community resources; toddlers play groups; and daycare. More

intensive programs would include individual and family therapy, medical assessments and referrals to more specialised services.

The majority of programs emphasize early childhood intervention programs for mothers and children. Family mediation programs to assist adolescents and their parents to resolve conflicts are referred to but not described extensively in the family support literature. Family therapy is still the more common approach.

References in the literature to specialized financial counselling are few and, when mentioned, usually allude to improving household management, not debt counselling.

Although the ethos of family support programs is to focus on the whole family, the absence of programs that include fathers and men in general is noticeable. Mothering, not fathering, or parenting, is the common denominator characterizing most family support and parent education programs. This is to be regretted, given the changes taking place in family structure and women's participation in the labour force.

Overall, the observations about family support services mentioned in this review incorporate many aspects of traditional social work practice and case management. Approaches considered to be innovative are:

- an emphasis on building family skill and recognizing family strengths rather than focusing on deficiencies;
- a shift from a child-centred focus to working with the entire family and its relationship within the wider community;
- encouragement of self-help and mutual support networks;
- establishing linkages for the family with wider community resources;
- flexibility in the delivery and mix of services, particularly the availability of services around the clock, and the provision of home-based programs.

Evaluation

Given limited financial resources, policy decisions have to be made about what programs are needed by families in the community, and which services have the most beneficial outcomes for families.

Evaluations of community-based family support programs show generally positive but modest gains in family wellbeing. More dramatic outcomes are recorded when the costs of family support services are measured against the cost of out-of-home placement of children at risk of abuse and neglect. It is queried, however, whether the costs of all the community resources to which families may be linked are included in the calculations.

Several factors have been identified as contributing to the successful outcomes of family support programs. These include:

- provision of concrete services, such as housing, income supplements and job training, as well as counselling and homemaker services;
- linkages to community services such as daycare, education, health and recreational programs;
- engagement of parents and other family members in parenting and skill development programs;
- small case loads and round-the-clock availability of staff.

Some Policy Implications

Provision of a range of services at varying levels of intensity requires coordination and integration of services across federal, State and local jurisdictions. Kammerman (1989) argues that, although individual family support projects and programs have been successful in meeting the needs of participating children and families, a coherent national policy perspective is essential if goals of equity and accessibility are to be achieved in improving the wellbeing of all children and families.

Coordination of services

Restrictive bureaucratic boundaries and rivalries need to be eliminated if families are to have access to a range of services with a minimum of confusion and delay. Decreased fragmentation of funding is advocated if organizations providing services are to respond to the multiple needs of families.

The intrinsic connection between the provision of adequate basic material needs, and other components of family support programs and positive outcomes mandates removal of barriers that add to fragmentation in delivering services to families. Unless the environmental and emotional family circumstances that generated the initial stress can be altered, child-focused achievements tend to decay in the long term.

Clear definitions of objectives and outcomes have to be developed to overcome the ambiguous boundaries of family support services. Bureaucratic distinctions between a specific family support program and a family-centred approach or perspective to services may reinforce the labeling of families as deficient by placing them in categories of need to qualify for services.

Service delivery

If all family members are to be assisted by family support services, programs will have to be available during weekends and evenings when working mothers and fathers can participate.

Family support programs that rely on round-the-clock coverage for families confront traditional workplace practices and regulations inimical to such flexibility. The use of teams to offset staff burn-out in intensive family programs has been suggested along with a system of time off to compensate for weekend and evening work. Clarification of worker roles and responsibilities is critical.

Adequate training and supervision for family support workers becomes a central issue. Training of family support workers in new methods of intervention, such as family mediation and behavioural family therapy, is considered essential for some intensive models. Cooperation among the various workers in contact with families is necessary, but has been acknowledged as a problem in some situations.

Because engaging family members who may benefit from family support services, but do not participate, appears to be a concern, it may be useful to develop promotional campaigns that 'normalize' the use of services. A range of printed and other media materials to attract young and old with the message that it is alright to seek information and assistance can be a powerful preventive intervention.

Finally, as Edgar (1989) has said, family support services should be presented as family resources. Some families may use more, some less. The use of a resource at one point in time may reduce the use of additional resources later on. Generating variety and flexibility in the types of services available and the method of delivering them appear to be key challenges to meeting the needs of families. Families come in all shapes, sizes and styles; so must the programs that serve them.

Part Two:

Selected Annotated Bibliography of Family Support Services

Introduction

This annotated bibliography of family support services was commissioned by Community Services Victoria as part of the Department's Family Support Program Redevelopment Project. It has been prepared in conjunction with a literature review of family support services in Australia and overseas.

The Family Support Redevelopment Project is concerned with issues of program purpose, target groups, principles, funding and program structures and management. Suggested areas to be covered in the bibliography include the role of family support in: maintaining family unity, providing specialist and intensive input to families with specific difficulties, and preparing families for reintegration of members who have been in alternative forms of care.

Scope

As the accompanying review of the literature reveals, family support services are not a clearly defined phenomenon. Included are a wide range of material, practical and social programs and services to meet the diverse needs of families. Literature from 1980 onward was the focus. The major objectives, classifications, types of programs and target groups suggested in the brief for inclusion in the bibliography overlap. This is reflected in the organisation of the annotations.

This bibliography will concentrate primarily on community-based services defined in the literature as generic family support services to families with children. It will not specifically focus on financial assistance, parenting education, pregnancy support, pre-school education, youth education and employment, foster care or programs for the disabled.

Methodology

Australian and European sources are included, the majority of references are American, reflecting the greater population and variety of social programs as well as the propensity of Americans to write and publish in journals. Many European programs are described in government publications which are not comprehensively indexed in large international database files and, therefore, take greater time to identify and obtain than allowed for in this timeframe.

References for this bibliography were first sought in the Australian Institute of Family Studies' research library using the library catalogue and the Institute's bibliographic database, *Australian Family & Society Abstracts*.

In addition, searches were performed in the following Australian databases: *Australian Public Affairs and Information Service*, the *Australian National Bibliography*, and the *Australian Bibliographic Network*.

Preliminary searching was conducted on a number of overseas databases, including *Social Scisearch*, *Mental Health Abstracts*, *ERIC*, but the majority of useful references were found on *Sociological Abstracts*, *Child Abuse and Neglect*, *Family Resources Database*, and *Psych Into*. Key words used were: family support programs; family program(s), family services/aide/support; family strengthening; program evaluation or assessment; family preservation; family mediation/conciliation.

Bibliography

Alexander, J. and McGahen, B. (1982), *Evaluation Report: NSW Family Support Service Scheme, 1979-1981*, mimeo, Social Research and Evaluation Ltd, June, 71pp, appendices.

This paper provides the context, development and structure for the family support scheme in NSW and a detailed evaluation of the program after three years as a pilot scheme. The services consist of a mixture of projects supported by the NSW government, voluntary agencies and by the Commonwealth under the Family Support Scheme. A substantial part of the report deals with descriptions of particular services and the results of the analysis of service users. Among others, analysis is presented of homemaker services, financial counselling, handicare services, family centres, and family service. The authors conclusions are primarily addressed to the organisation and management of the (now defunct) scheme by the Commonwealth.

Allan, J. and Schultz, C. (1987), 'Parent education: developments and discrepancies', *Australian Child And Family Welfare*, Vol.12, No.4: 14-16.

Professional intervention in family life and relationships has been supported as supplying necessary skills to family members, but it has also been questioned on the basis that it undermines parental authority and that it has led to a lessening of parental competence and confidence. After a discussion of these views and a review of research on the effects of parent education programs, the authors conclude that although empirical evidence is small, substantial concerns exist about the impact of such programs.

Anglin, J. and Glossop, R. (1987), 'Parent education and support: an emerging field for child care work', Chapter 9 in C. Denholm, R. Ferguson, and A. Pence, *Professional Child And Youth Care: The Canadian Perspective*, University of British Columbia Press, Vancouver: 175-196.

The authors introduce the ecological approach to the analysis of families, whereby the family is seen in the context of a series of overlapping relationships and systems, as a conceptual tool for analysing programs for

addressing the needs of parents. Four levels of parent need and related professional responses are outlined; the levels are seen to be on a continuum and to be dynamic and overlapping. The level of need is seen to vary from no obvious need to a level where parents are not able to meet the growth/development needs of the child. Child care worker responses vary from anticipatory guidance on future need to close monitoring of the parent-child relationship.

Three programs which illustrate these levels are described. The Primary Prevention Project in Ontario, Canada, contacted one thousand parents and found parents had two fundamental needs: 1) support for their role as parents, and 2) techniques to help them in their task. This program, developed to deliver skills to parents in weekly group sessions over a ten-week period, was designed to provide anticipatory guidance and to act as a resource for parents. The ABC (analysis/behaviour/change) project of Toronto provides assessment and intervention services for families in the context of their own home and community and involved parents as crucial members of the planning team. The program places emphasis on modelling and teaching behavioural techniques. The Special Services for Children Program in British Columbia assigns responsibility to child care workers to provide agreed-upon hours of service to a family, where intensive parent education and various forms of support are directed to children at risk.

Armstrong, K. A. (1983), 'Economic analysis of a child abuse and neglect treatment program', *Child Welfare*, Vol.62, No.1, Jan-Feb: 3-13.

At a time of drastically reduced funding for human services, ways to measure services, outcomes and effectiveness are of great importance. Measurement of cost effectiveness is of particular value to policy decision-makers, service and health care providers. Such an analysis was undertaken for the child abuse and neglect treatment program of the Family Support Center in Yeadon, Pennsylvania, US. The following are discussed: definition of the program, computation of net costs, computation of net effects, sensitivity analysis, and application of decision rules. Despite certain limitations of economic analysis, including the need to rely on experts' estimates or one's own judgement for several variables, this approach can usefully be applied to any human service program.

Association of Childrens Welfare Agencies (1987), *Substitute Care: Purposeful Intervention*, Conference Proceedings, Wollongong, NSW, August, 196pp.

These proceedings summarise workshops and papers directed toward the needs and concerns of direct care workers, caseworkers and managers involved in providing foster and residential care for children and adolescents in Australia. Interviews with adolescents about their experience in care are presented in one section. Several chapters record intensive skills training sessions with residential and foster care providers, caseworkers and managers, that reveal the feelings and experiences of the workers as well as providing a description of techniques and strategies. Other chapters provide relevant background information on legal, bureaucratic and psychological issues.

Australia. Department of Social Security (1984), *National Overview of the Family Support Services Scheme*, Office of Child Care, March, Canberra, 121pp.

This report summarises State evaluations of the 220 pilot projects of the Family Support Services Scheme. It contains a detailed description of the aims, objectives and components of the Scheme in all States. Overall, the review concluded that projects needed to be coordinated with other welfare services to assist the predominately low-income women who were the majority of users of the services. Improved funding and administrative procedures were recommended.

Ayoub, C. and Jacewitz, M. M. (1982), 'Families at risk of poor parenting: a descriptive study of sixty at risk families in a model prevention program', *Child Abuse and Neglect*, Vol.6: 413-422.

This paper outlines the technique and results of a factor analysis of sixty families that may be useful in determining which at risk families are more successful candidates for prevention efforts. The families were participants in a model multi-disciplinary program designed for the secondary prevention of poor parenting and child abuse and neglect. The model program consists of special medical, psychological, social and developmental services to families on an inpatient, outpatient, and in-home basis. Each family was given a monthly rating of family function and the type of problems they face, the results were combined over time to give five 'family types'. Families were then divided into two groups, the relatively long-term ones and those who had left the program in the observation period. Results were tabulated according to the movement in the monthly rating and by 'family type'. It was noted among long-term families that there was improvement in family function evident in families with transient situational crisis and in those with intellectual and cultural deficits. Among the families who dropped from the program, 15 per cent were no longer at risk; 63 per cent of the remaining families were not improving. (Author, edited)

Bowen, G. L. (1988), 'Corporate supports for the family lives of employees: a conceptual model for program planning and evaluation', *Family Relations*, Vol.37, No.2, April: 183-188.

This article specifies a conceptual model which focuses on the effect of family-oriented benefits, policies and services in the corporate sector on the work and family lives of employees. The model is discussed in the context of recent expansions in corporate supports for employees and their families, the history and development of corporate supports and the need for a model of work and family linkages to guide corporate efforts on behalf of employees and their families. The author sees the model as useful in demonstrating how specific corporate policies and practices impact on the family and then loop back to affect the organisation and also in mounting arguments for expansion of corporate supports for employees and their families. Implications of the model for program planning and development are discussed and suggestions are offered for testing and refining the model. (Author, edited)

Bowen, G. L., Woolley, S. F., McGaughey, T. A. (1983), *Department of the Navy Family Advocacy Program: Service Need and Service Response. Phase 1 Report: Reconnaissance*, SRA Corp., Arlington, Va, 184pp.

The nature and scope of abuse and neglect in civilian and military populations are reviewed, and the Navy Family Advocacy Program (FAP) is described. The literature on abuse and neglect is examined, and the incidence of abuse, neglect, sexual assault, and rape in military and civilian populations is estimated from existing data. Successful program elements and key issues in responding to abuse and neglect are identified, and the development of family assistance programs addressing these problems in the military (Army, Air Force, Navy, and Marine Corps) is reviewed.

The Navy FAP was established in July 1979 under a Bureau of Medicine (BUMED) directive to provide policies for handling child maltreatment, spouse abuse, sexual assault, and rape among Navy and Marine Corps members and their families. Under the program, all BUMED facilities in the United States and overseas were mandated to establish programs which would provide strategies for the identification, evaluation, intervention, treatment, and prevention of abuse, neglect, sexual assault and rape. The BUMED instruction details the organisation of the FAP. In addition, operational guidelines are provided for case identification, intake and assessment, intervention and prevention, linkage and inter-agency cooperation, follow-up procedures, case reporting, and program evaluation.

The Navy Family Support program plays a key role in the FAP. Its purpose is to integrate available assistance efforts into a formal program and to improve Navy-wide delivery of comprehensive services through a network of Family Service Centres. Similarly, the Marine Corps Family Service Program serves as an adjunct to the FAP through Family Service Centres designed to address the lack of family awareness of available services and the lack of Marine Corps awareness of family needs.

Bovaird, T. and Mallinson, I. (1988), 'Setting objectives and measuring achievement in social care', *British Journal of Social Work*, Vol.18: 309-324.

This paper examines a systematic approach to formulating and evaluating policies for social work practice in social care. A hierarchy of aims and objectives is advocated, based on the assumption that a clear statement of desired outcomes in social work practice with groups of service users is required, together with the establishment of indicators by which their achievement may be measured. The purpose of the hierarchy is to generate an integrated policy for change and to give a full sense of direction to all staff involved, both in policy making and in social work practice. (Journal abstract)

Brand, R. (1989), 'Single parents and family preservation in the Federal Republic of Germany', *Child Welfare*, Vol.68, No.2, March-April: 189-195.

This article describes the evolution of family structures and the laws that are relevant to family policy and service delivery in Germany over the last twenty years. A demand is now being made for an adequate social infrastructure to assist families and particularly with childrearing. Family preservation work in Germany, although practiced for many years, got a

new impetus in the late 1970s with the Arbeiterwohlfahrt (Workers Welfare) movement in which a family worker assists two to three families with in-home care for periods of up to three years. Most families helped by the movement are single-parent families or those with more than two children. Workers assist families to use formal and informal support systems, youth centres, libraries and health services in order to make the family self-reliant.

Brawley, E. A. and Martinez-Brawley, E. E. (1988), 'Social program evaluation in the USA: trends and issues', *British Journal of Social Work*, Vol.18: 391-413.

This paper reviews the emergence of social program evaluation as an important and frequently controversial topic in the United States during the last three decades. Political, practical, epistemological, and ethical issues involved in the evaluation of social service programs are discussed, as well as the strengths and shortcomings of a range of specific evaluative approaches and techniques. Current trends towards evaluation strategies that take greater account of the special attributes of the social services and social work practice and that produce information that is more useful to policy-makers, program administrators and social work practitioners than has been true in the past are identified. Some cautionary remarks are included about the dangers of over-emphasizing 'hard' quantitative methodologies, goal attainment, and efficiency at the expense of alternative approaches that can produce other and sometimes more appropriate indicators of program performance and results.

This paper examines the evolution over three decades in the United States of efforts to evaluate social programs, social services and social work practice. The authors comment on the difficulty of ensuring that research or evaluation findings are actually used in decision-making in relation to policy and practice and point to the overwhelming evidence that social work practitioners do not use research findings to guide their practice or solve the problems they face. Accountability and procedures can be a costly exercise in terms of money and staff resources. (Journal abstract, edited)

Brbitzer, M. P. and Verdieck, M. J. (1988), 'Home-based, family-centered intervention: evaluation of a foster care prevention program', *Child Welfare*, Vol.68, No.3, May-June: 255-266, tables.

This article represents an evaluation of the Family Program in Washington D.C., with which the authors are involved. The program is an intensive home-based, family-centred program providing support and treatment to families with children in, or at risk of, out-of-home care or placement. The paper presents the results of statistical analysis of characteristics in the family and in the service provided that are significantly related to success, which is seen as the return of the child to home or successful emancipation. Tables of results are presented, however the sample size is small (42 families, 55 children) and a number of parts of the analysis did not produce significant results. The authors found that success is more likely for families with a large number of children (four or more), younger families, families with no history of juvenile court involvement, and families connected with a number of support services. The findings are compared to the results of other research, e.g. Landsman (1985), Jenkins

(1967), Kagan (1987), Turner (1982), Leeds (1984), Murphy (1968), and Milner (1987).

Bryce, M. E. and Lloyd, J. C. (1980), *Placement Prevention and Family Unification: Planning and Supervising the Home Based Family Centered Program*, National Clearinghouse for Home-Based Services to Children and their Families, School of Social Work, University of Iowa, 174pp.

This is a manual for the development of home-based, family centered programs produced by the National Clearinghouse for Home-Based Services at the University of Iowa. The manual provides a rationale for programs based on the need for an alternative to taking children away from their homes. Exemplary programs have been identified. Specific chapters cover: planning, staff recruitment and training, varieties in staffing patterns, the use of volunteers, program design, supervision and consultation, evaluation and the movement towards institutionalised provision of the services in a statewide placement-prevention model. In considering program design, specific examples of intensive service models are described, these examples have as their focus: maintaining gains for children after leaving an institution, preventing out of home placement in at-risk families, servicing families with a history of abuse, helping families use existing service more effectively, developing home management skills, and assisting families with a member going into out-of-home care. Examples of less intensive models are also given. The discussion of evaluation includes brief descriptions of six types of evaluation design and evaluation instruments. The chapter on institutionalisation deals with the issues that are raised and approaches to this sort of service when provided by government as a statewide service.

Callister, J. P., Mitchell, L. and Tolley, G. (1986), 'Profiling family preservation efforts in Utah', *Children Today*, Vol.15, No.6, November-December: 23-25, 36, tables.

The authors outline the philosophy and strategies of family preservation in Utah. Family members are regarded as the best assessors of family needs. Intervention is focused on increasing positive, desired behaviours, primarily through teaching families new skills. A detailed case study is given, as are details of the characteristics of participants who tend to be multi-problem families, with previous contact with social service agencies and with a significant proportion having had a child in care. Some figures are given on project results.

Center for Policy Research (1985), *Report on the Parent-Aide Intervention of Child Abuse Prevention Volunteers, Inc*, Center for Policy Research, Denver, Colo, 76pp.

Services for abused and neglected and failure-to-thrive children, provided by Child Abuse Prevention Volunteers, are described and evaluated. In the program, parent aides work with parents who are concerned about their parenting abilities or at risk of abuse. Volunteers, who receive training and supervision, are allowed to vary their approach in dealing with families and to combine role modeling and formal and informal teaching techniques.

Families in the program include both agency and self-referrals. To evaluate the program, interviews were conducted with participating mothers and parent aides before and after the 6-months intervention. Preliminary information was collected on 226 families referred to the program, of which 150 were assigned to an aide, 60 participated in the program, 46 were pre-tested, and 22 were pre-tested and post-tested. While results must be viewed cautiously because of the small sample size and the lack of a control group, preliminary assessments of the program's effectiveness are optimistic. Mothers were pleased they used the program and assessed the aides and the program very positively. They credited the program with improving the self-concept, enhancing their enjoyment of the children and their parenting ability, and helping their children. Aides noted improvements in the mothers' quality of parenting, emotional attachment, and disciplining expectations and behaviours. Improvements in life satisfaction and confidence in parenting and expanded social networks also were noted.

Child Welfare League of America (1989), *Standards for In-home Aide Service for Children and their Families*, Child Welfare League, Washington D.C., 88p.

The Child Welfare League of America has promulgated standards for in-home aide services. The standards describe the roles of aides and the social worker supervisor, set out qualifications and accountability requirements, define target populations, suggest a training curriculum, and put emphasis on boundaries of family involvement and hours employed, particularly for live-in workers.

It is recommended that in-home aides receive 40 hours of inservice training during their first year, and 8 hours in consecutive years of employment. Aides are required to submit monthly written progress reports and provide observations on changes in the family's situations or problems they themselves are encountering. Caseloads are limited to no more than 8 families at any time.

Children's Welfare Association of Victoria (1987), *Quality and Accountability: A Guide to Standards for Community Services*, Children's Welfare Association of Victoria, Victoria, 100s+leaf.

Responding to the increased concern over quality and accountability of services funded by Government, the Children's Welfare Association of Victoria has produced a guide to assist agencies providing a range of social welfare services review their programs. The aim of the Guide is to enable agencies to classify their goals and achieve a standard of excellence in provision of service. A series of guides cover the following areas: Establishing accountability; Basic goal setting; Monitoring and evaluation; Measuring performance and agency review; Basic information systems; Service user participation; Establishing community-based committees; Managing a volunteer program; Basic financial management; Staff recruitment and selection; Staff appraisal and training; Managing time and resources; Communication in agencies; Negotiation advocacy and public relations; Employing a consultant. Each guide includes definitions, worksheets and performance indicators.

Cohn, A., Newberger, C. M. (1985), 'Prevention strategies' in V. L. Vivian (Ed.), *Child Abuse and Neglect: A Community Response*, American Medical Association, Chicago, Ill., pp.79-90.

The authors discuss the implications of etiological, evaluative and developmental psychology research for child abuse and neglect prevention. The first paper reviews factors thought to underlie abuse and neglect that are amenable to intervention. These include stress related to lack of parenting knowledge and skills, child disability or special needs, and social isolation. Strategies addressing these factors include parenting and household management education, social skills training for at-risk children, early screening, provision of childcare and crisis services, and self-help groups and other groups designed to help parents develop better peer and social support networks.

The second paper examines a variety of programs for families at risk of child maltreatment. These include pre-natal and extended parental contact programs, parenting education curricula, outreach multi-media information programs for high-risk families, and community-wide public information and education programs. In general creative arts were effective in communicating information, and parenting education was successful when offered in a supportive context.

The third paper examines psychological research that suggests abusive parents often are egocentric and lack skills in perspective-taking, conflict resolution, and interpersonal responsibility. Findings provide a framework for further exploring deeper patterns underlying parental attitudes and beliefs, for tailoring intervention to the adult's cognitive developmental level, and for providing programs to enhance parental awareness.

Cooke, B. D., Rossmann, M. M., McCubbin, H. I. and Patterson, J. M. (1988), 'Examining the definition and assessment of social support: a resource for individuals and families', *Family Relations*, Vol.37 No.2: 211-216.

Family practitioners consider social support to be a significant resource for individuals and family members encountering stress. There has, however, not been an adequate way to assess an individual's or a family's perception of the social support they are receiving. A new definition of social support is presented, along with a way to measure two dimensions of social support: (a) the kinds of support available, such as emotional support; and (b) the sources of support, such as friends. The instrument described here has been used most extensively with first-time parents, but has potential as an aid for therapists and educators to help individuals and families in other contexts and roles. A Social Support Inventory (SSI), developed from the responses by parents to an interview-type study on kinds and sources of social support, has been found to be applicable for measuring social support in general and in other life cycle contexts such as workers, the elderly and people in groups. The SSI has not yet been fully tested.

Coombs, R. H., Santana, F. O., Fawzy, F. I. and Martin Murley, T. (1984), 'Enhancing adolescent development via family intervention: a filmography', *Journal of Drug Issues*, Vol.14, No.2, Spring: 427-434.

The authors argue that intervention directed toward family strengthening is a viable alternative response to one-on-one counselling intervention in cases of substance abuse. The family strengthening approach utilizes behavioural-oriented methods to induce and crystallize actual conduct changes within the family. Utilizing behavioural counseling, parent training, and youth workshops, the family strengthening approach was designed to restructure the system of social reinforcers so that youth meet with greater interpersonal rewards for productive behaviors. This paper is a review of media teaching aids seen as potentially useful in intervention programs that utilize family systems to alter youth behaviour. (Author, edited)

Dawson, P., Robinson, J. L. and Johnson, C. B. (1982), 'Informal social support as an intervention', *Zero To Three*, Vol.3, No.2, December: 1-4.

In this paper, the authors consider informal social support to be a form of intervention with families and examine how it functions on its own and how it meshes with formal supportive services. In particular the paper deals with the Denver, Colorado, home visitor program with which the authors are associated and in which mature women act as visitors on a part-time basis fulfilling some of the functions of the informal network for families following the birth of a baby. The visitors are intended to provide emotional and concrete support, child-rearing controls and a parental model as well as to actively assist parents to augment their social networks. Two cases are described and the effectiveness of the program and recent replications are discussed.

De'Ath, E. (1988), 'Families and their differing needs', Chapter 14 in E. Street, and W. Dryden, (Eds), *Family Therapy in Britain*, Open University Press, Milton Keynes, 312-338pp.

The author argues that families are located in a wide and changing societal context but that most helpers/carers work only within narrowly defined boundaries. This is seen as important because some symptoms of family dysfunction are indicators of dysfunction in systems beyond those boundaries. Most therapy requires clients to identify themselves through a problem; however, this defines them as inadequate and gives them a passive role rather than defining them as people able to see their immediate needs and looking for ways in which to meet those needs.

Recent research is said to have highlighted the discrepancy between what parents had identified as a priority when seeking help and what had, in fact, been offered. In analysing what families require in order to function, and what can be done, it is argued that primary prevention involves reducing the risks to future families by increasing skills and opportunities for healthy family functioning. Informal support networks, realistic information and opportunities for parents and children to seek informal advice are seen as fundamental to this.

In terms of issues for policy makers, it is argued that families cannot function adequately without basic 'permitting circumstances', such as, appropriate housing and sufficient income, and without choices in such things as child-care, respite care, employment. In addition, interventionist policies which appear to present an 'all or nothing' approach are seen to reduce choice, enforce powerlessness, inhibit change, increase stress and family dysfunction and reduce their capacity to change.

De'Ath, E. (1989), 'The family center approach to supporting families', *Child Welfare*, Vol.68, No.2, March-April: 197-207.

Family centres in Great Britain provide a spectrum of services from residential therapeutic centres to local parent-run self-help groups. The development of centres by both statutory and voluntary organisations has increased rapidly since the 1970s and has created the opportunity to examine different models for supporting families. This paper provides a brief historical overview and describes some of the current models in practice which include: the client-focused, the neighbourhood and the community development models. Challenges are seen to include questions on: what family centres are trying to achieve; on whether child care, child protection and community work can be reconciled; whether it is possible to achieve and balance a complex variety of facilities; and how to demonstrate the value and worth of the centres. (Author, edited)

De La Barrera, J. and Masterson, D. (1988), 'Support group helps troubled fathers learn parenting skills', *Children Today* Vol.17, No.2, March-April: 10-14.

Services available to men usually focus on specific issues such as alcohol, drug addiction and violence. This overlooks a major source of tension in such men, their inability to see themselves and to cope as fathers. This in turn can be a major factor in tension and violence in the family and a contributing factor to family break-up. This article describes the development of a program in Ontario, Canada, to improve the parenting skills of fathers. The program works as a group session with a family support worker as facilitator and a small number of men who may be there voluntarily or as a condition of a court order. The majority were uneducated and on welfare assistance and they represented the gamut of family situations: single fathers, stepfathers and husbands. Agendas for the 10-week program are developed after individual discussions with participants.

Dembo, M. H., Sweitzer, M. and Lauritzen P. (1985), 'An evaluation of group parent education: behavioural, PET, and Adlerian Programs', *Review of Educational Research*, Vol.55, No.2, Summer: 155-200.

Controversy concerning the effectiveness of parent education lead to this review of studies concerning their impact. The paper covers forty-eight reviews of programs purporting to improve the quality of parenting. The programs evaluated had an empirical component, covered children who did not have development/behavioural/learning difficulties, included aspects of general education as well as specific current problems, and included group participation. A summary and analysis is presented of these reviews,

grouped according to whether they were behaviourally, PET or Adlerian based. Recommendations are made for future research.

Dickin, K.L.; McKim, M. K.; Kirkland, J. (1983), 'Designing intervention programs for infants at risk: considerations, implementation, and evaluation', *Early Childhood Development and Care*, Vol.11, No.2: 145-163.

Intervention programs for high-risk infants are reviewed and critically evaluated. Six intervention programs representative of the clinical literature are summarised. Building on these data and drawing from human service administration and evaluation literature, a model is presented which can be used for design, implementation, and evaluation of intervention programs for infants and/or their families. The application of this model should aid researchers, service providers, and administrators involved with high-risk infant programs by providing a framework suited to both ongoing and comprehensive evaluations.

Dowd, F. A. (1988), 'Latchkey children in the library', *Children Today*, Vol.17, No.6, November-December: 5-8.

Unattended or latchkey children often spend periods of time in libraries after school hours, providing a dilemma for staff because, while wishing to be open to all, they are not staffed or equipped to provide child care. Some libraries have introduced minimum age requirements for unaccompanied children. This article outlines some of these issues and describes a survey of 125 American libraries concerning the prevalence and library responses to this matter. Recommendations are that staff should be prepared for this issue, libraries should develop and publicise written policies on the matter, librarians should become involved in after school child care committees, and that more research is needed.

Edelman, M. W. (1981), 'Who is for children?', *American Psychologist*, Vol.36, No.2: 109-116.

This paper sets out the ideas of the American Children's Defense Fund on the most pressing needs for children, progress and defeats, and what are seen as myths and dilemmas for those working for children and families. It is particularly addressed to the circumstances after the passing of the Adoption Assistance and Child Welfare Act of 1980 which provided funds for preventive and support services to families. In conclusion the author sets out actions necessary to place the needs of children and families higher in public policy agenda.

Edgar, D. E. (1988), 'Director's Reports', *Family Matters*, various issues.

- 'Will a real family policy please stand up?' *Family Matters*, No.19, October 1987: 1-5.
- 'Children need pride of place in family policy debate'. *Family Matters*, No.20, April 1988: 1-6.
- 'Positive family support needed, not patch-ups', *Family Matters*, No.21, August 1988: 2-4.

- 'Strengthening families in the 1990s', *Family Matters*, No.23, April 1989: 2-5.
- 'Cross-roads for family policy', *Family Matters*, No.24, August 1989: 2-4.

Written by the Director of the Australian Institute of Family Studies, these articles focus on the delivery of services to support families in relation to the changing nature of family structures in contemporary society. The major thesis is that all families require assistance in their tasks of caring for family members.

Faller, K. C. (1984), 'Permanency planning with scarce resources', *Children Today* Vol.13, No.2, March-April: 2-6, 36.

In the context of reduced resources for in-home services to families, professionals are said to be being exhorted to return children to or to maintain battered and neglected children in their own homes. The article proposes a way of classifying cases that indicates different approaches to intervening with different types of family, allowing parsimonious use of scarce resources and flexible use of family-based services. The University of Michigan Interdisciplinary Project on Child Abuse and Neglect (IPCAN) has been engaged in multi-disciplinary assessment and intervention in cases of child abuse since 1976. They have identified four categories of cases: families that will not respond to intervention in the child's time frame; those that have the potential to respond but which require intensive and/or extensive use of resources or services; those that can benefit from traditional protective service intervention; and those whose problems are less severe and can be alleviated with less coercive intervention. Details are given of the sorts of cases that fall into each category and of the type of responses. (Author, edited)

Family Aide Projects Association (1986), *Position Paper on Family Aide Services*, prepared by P. E. Briggs, Family Aide Projects Association, Newport, NSW, September, 28pp.

This paper was commissioned by the Association to assist with implementing future directions for the family aide service in Australia. It sets out the philosophy and scope of the service which aims to facilitate the development of the skills, strengths and resources of families and to promote both their independence and integration with their community. Their tasks in assisting with parenting, home management, and negotiating with community resources are outlined. Issues of classification, qualifications, auspicing and funding are discussed.

Fraley, Y. L. (1983), 'The family support center: early intervention for high-risk parents and children', *Children Today* Vol.12, No.1, January-February: 13-17.

At-risk families with low self-esteem and suffering from stress are often distrustful of programs designed to help, such as Head Start. This Pennsylvania program combines counselling, parent and child education and follow up for families with children aged four or under which are under stress and have indications of violence. The first phase of the program

involves counselling at home for up to six months. The second phase is attendance at Family School for both parents and children on two days a week for 13 weeks. Phase 3 includes follow-up counselling for about three months and assistance in entering other programs, such as Head Start, and a peer support group. A major part of the Family School program is nutrition. The structure and curriculum for the Family School is described.

Fulbright, M. (1988), 'Host homes: one alternative for troubled youths', *Children Today*, Vol.17, No.5 September-October: 9-11.

Host Homes are designed to be an effective alternative to a foster family home, residential program or emergency shelter for youths who need a place away from home but do not require close supervision in an institutional setting. The homes are part of a range of youth services offered through the Community Youth Advocacy Council in Dallas, Texas. The homes provide temporary accommodation, usually for 3 to 5 days, counselling for both the youths and their parents, and information and referral to other services. Only volunteer placements are dealt with, although there are often referrals from police and schools. CYAC must contact parents within 24 hours; host families are unpaid volunteers who receive 15 hours of training per year; funding is by donation and two grants from Administration for Children. The author concludes that the program is one part of the mosaic of services required by youth.

Gabor, P. A. (1987), 'Community-based child care', Chapter 8 in C. Denholm, R. Ferguson, and A. Pence, *Professional Child And Youth Care: The Canadian Perspective*, University of British Columbia Press, Vancouver, 154-174pp.

In the past fifteen years, the focus of child care practice has moved from an exclusively institutional base to one that includes community-based practice. A key development leading to increased involvement of child care workers in the community has been the realisation that the post-discharge environment is the main determinant of successful adaptation after institutional placement. The range of community child care is described with specific examples under headings: at home, school, group care and street programs. The implications of this change for child care practice is analysed, particularly in relation to the hierarchical levels of Bronfenbrenner's ecological system. The author cites argument that favourable outcomes in child welfare services are increased if the child and family can both be involved in the effort to change.

Gardner, R. (1989), 'When the going gets tough: prevention of permanent family breakdown', *Concern*, No.68, Spring: 12-14.

The author describes a current project of the National Children's Bureau's to examine whether 'preventive social work' undertaken by County Social Services Departments represents an early-warning and/or support system or is, in reality, a last ditch attempt to keep children out of care. A researcher is visiting agencies across the United Kingdom and interviewing workers in 4 families. Early patterns noted as emerging from the project are that: while some practical help is given by workers to families, workers tend to focus on preventing family breakdown, which

tends to be equated with the repair or resolution of family relationships; the work is predominately a matter of women working with mothers; workers lack a coherent framework for preventive work in terms of accessible policy and legal guidelines; workers tend to see the work as prevention of reception into care and of serious harm to children rather than family support; in practice workers often put together complex packages of care for families. In interviews with social workers, some expressed clear ideas about what would improve preventive services, for example, more under-five provision such as play schemes, parent and toddler groups as well as more practical work in the home with families.

Gibbons, J. and Thorpe, S. (1989), 'Can voluntary support projects help vulnerable families? The work of Home-Start', *British Journal of Social Work*, Vol.19, No.3, June: 189-202, tables.

Home-Start in England is an organisation which provides the help of volunteers to stressed parents of children under five-years of age. The authors note that the 1978 Wolfenden Committee on the future of voluntary organisations made the point that voluntary family support programs are not totally independent of statutory social services and ask the degree to which the voluntary programs provide help to 'high-need' families rather than to families that would not normally qualify for preventive help from the State.

In order to establish if high-need families were referred and assisted by the program the authors compared the characteristics of families with children under 14 years of age and volunteers in one Home-Start branch to those of families seeing local social workers. The help provided by volunteers in the Home-Start program and by social workers to Social Services' clients was examined together with parents' perception of the amount and types of help received and their degree of satisfaction. The needs indicators used, the description of the family characteristics, the types and amount of help given and the views of clients and of volunteers are described.

It is concluded that the voluntary Home-Start support program is a feasible way of helping vulnerable families. Half the Home-Start families were classed as socially disadvantaged or vulnerable using objective indicators. They reported themselves as receiving as much help or more than other families; and that volunteers, although experiencing more difficulties in working with vulnerable families, considered themselves well matched with these families. The difference between assistance provided by volunteers to the Home-Start families and by social workers to their case loads were of a qualitatively different kind which is complementary to that of the statutory authority and in the amount of time actually spent with the families.

Granger, J. M. (1989), 'Attitudes toward national personal social services policy', *Child Welfare*, Vol.68, No.3, May-June: 301-315, tables.

The author contends that, due to a historical bias against government involvement in the personal welfare of its citizens, the United States is one of the few industrialised countries without a national family policy or personal social services (PSS) policy. Because personal services often include outreach and protective services, they are often viewed as government intrusion upon

the rights of families and children. It is important to discuss such matters as they will affect the nature and shape of personal social services and family policy in the years to come. This article presents the results of a study comparing attitudes of important groups toward national personal social services policy. The outcomes furnish preliminary data concerning what groups and types of individuals would support a national social services policy. The study found that education has a moderately significant impact on support of PSS policy with tax increases but none where no tax increases are considered. The decrease in support toward PSS policy with income tax increases is comparable to the outcomes of other studies of attitude toward social welfare programs and personal income taxes.

Gray, P. (1988) *New Residents Programme Evaluation Report, 1987/88*, City of Noarlunga, South Australia, 26pp.

The City of Noarlunga introduced a New Residents Program in an effort to meet the problems of families in new housing developments. Based on the 'locality development' model, the program aims to give residents a sense of empowerment through participation in decision-making affecting their environment. Contact is made by Neighbourhood Development Officers who doorknock to deliver an information kit about available services and invite residents to attend group activities. Activities include social get-togethers and issue groups that focus on developing leadership skills. Informal evaluation of the program indicates an increase in resident interaction and community spirit and some reduction in domestic violence and child abuse. Negative aspects of the program include: lack of childcare for participants; inadequate meeting places; and amount of time required by workers to nurture and maintain the networks.

Greenspan, S. I. and White, K. R. (1985), 'The efficacy of preventative intervention: a glass half full?', *Zero To Three*, Vol.5, No.4, April: 1-5.

The authors note that as the needs of infants, children and families have become more well known and preventive intervention programs proliferated, concern over the match between the programs and the needs they serve has grown. In addition, there is concern over the efficacy of intervention programs at a time when funders are increasingly cost conscious. Although many studies have been conducted much confusion and controversy remains. This article examines previous attempts to discern whether the current types of preventive intervention have been successful, noting that there is strong evidence for a positive immediate effect, but that the evidence for any longer term effect is much less. The authors draw some conclusions about current programs and evaluations, particularly that too few comprehensive programs have been tried that simultaneously address physical, cognitive, emotional and family functioning.

Hairston, C. F.; Lockett, P. (1985), 'Parents in prison: a child abuse and neglect prevention strategy', *Child Abuse and Neglect*, Vol.9, No.4: 471-477.

An examination of Parents in Prison, an innovative support service housed at the Tenn State Prison for Men since 1981, aimed at the

promotion of positive parenting and prevention of child abuse and neglect. Correspondence and classroom courses, community guest speakers, and family-focussed social activities address family needs during parent's incarceration and upon their return to community living; together with a flexible service delivery format, the program permits widespread inmate participation not generally available in a prison setting. Program evaluation data obtained from 400+ inmates who have successfully completed a variety of courses demonstrate that the period of incarceration can be used to improve parental skills and knowledge and to strengthen family relationships. Effects of inmate leadership, community participation, and institutional support on the program's success are detailed. Future success of this model depends on its replication in other prison settings and rigorous examination of its impact on child abuse and neglect problems.

Halpern, R. (1986), 'Home-based early intervention: dimensions of current practice', *Child Welfare*, Vol.65, No.4, July-August: 387-398.

Home-based early intervention programs employ lay or professional home visitors to work with families whose infants are at greater than average risk in developmental or health terms. The author asks whether home-based early intervention is an invasion of the family that inadvertently undermines its self confidence, or whether it is a life-saving service to families whose children are at risk. The paper discusses the nature and effects of home-based services and notes a number of paradoxes in the programs: although undertaken for many years, they continue to appear as fresh solutions to pressing social needs; although lacking a theoretical base or clear empirical justification, they continue to be widely supported as a potentially effective means of addressing early childhood morbidity and development problems; without a permanent legal or institutional base, they continue to grow in number and scope; and despite numerous state-of-the-art reviews, relatively little is known about the process and intervention and change in the home-visiting programs.

Hansen, I., Peterson, C., Ozier, J. and Gosselin, L. (1989), *Focus on Families: Illinois Intensive Reunification Project*, Illinois Department of Children and Family Services, USA: 93 pp., appendices.

The major goal of Focus on Families, a United States government funded demonstration project conducted by the State of Illinois Department of Children and Family Services, was to facilitate family reunification. Objectives were to reduce the time children spend in foster care, ensure weekly visits between parents and their children, and increase parental financial support of their children in foster care. Goals were to be achieved through the provision of weekly visitation assistance and parenting training/peer support.

Forty-eight families with children under the age of 10 years who had been in placement up to six months participated in this intensive family support program.

Social work students were recruited as volunteers to provide transport of children from foster homes to designated visiting locations, and to model parenting skills and plan educational activities during the visits. Community

agencies were contracted to provide the parenting education component. An on-site supervisor coordinated the training of volunteers and parent-child visitations. The aim was to progress to in-home visits.

A quasi-experimental research design employing checklists, observation, interviews, case record review and questionnaires, generally of a subjective nature, was used for the evaluation.

Families were reunited in 35 per cent of cases and in 13 per cent of cases children were released for adoption. Larger families who were often more dysfunctional had lower success rates. Of the 91 per cent of families that had visitations scheduled, 94 per cent of visits were attended, with 88 per cent evaluated as positive in terms of bonding and interaction. In 40 per cent of visits, parents made some contribution of treats or money, although few families were able to make financial contributions to foster care.

Although the program was considered to have a positive impact on the families served, there appeared few differences between the project and control group families in outcomes that favored the experimental group. Higher reunification rates and fewer releases for adoptions were reported for the control group while visitation rates were frequent for both groups. There was no significant change in the amount of communication and support between foster and biological families. Only one-half of the families participated in the parenting training classes and only minimum standards were obtained in test results of skills learned. Factors considered to influence the lower rate of reunification for the project group included an emphasis on the quality of interaction and uncovering of hidden problems in study group families which may have generated more caution about reunification on the part of workers.

Recommendations for improving the program included: linking parenting classes to in-home visits by a parent aide to reinforce transfer of skills or to prepare parents who may not be ready to join a class; individualizing parenting training; provision of counselling for parental substance abuse or other emotional needs and recruitment of some older, community-based volunteers. Smaller caseloads and provision of an on-site coordinator were considered essential. Examples of training and evaluation materials are provided in the index.

Harrett, J. (1989), 'An intergenerational support system for child welfare families', *Child Welfare*, Vol.68, No.3, May-June: 347-353.

This paper is a report by the coordinator of a private agency program in Philadelphia in which senior or older volunteers serve as support persons for problem families. Services are intended to assist families to stay together or to facilitate the return of children to their homes. The program is available to all and is seen as a benefit to three generations: the senior volunteers, the parents and the children. Volunteers are screened and matched to a particular family; their major contribution is in time and they are paid an hourly rate. The average duration of service is six months. The history and implementation of the program is described. The main difficulty for volunteers is in terminating the service to a family, particularly when a close relationship with the family has developed.

Harrison, M. (1988), 'Home-Start: a chance for every child', in Australian Early Childhood Association, *Looking Forward, Looking Back: Young Children's Place in Modern Society*, Proceedings of the 18th National Conference of the Australian Early Childhood Association, Canberra 4-8 September 1988, Australian Early Childhood Association, Watson ACT: 6pp.

The paper describes the philosophy, development and approach of the Home-Start volunteer program. The program began in Leicester, England in 1973 and is a scheme whereby families are offered support, friendship and practical help by another parent who is a Home-Start volunteer. There are now 90 such schemes. On the basis that families often do not use available services, that these families are often those most in need of support, and that what is required is a mechanism to break down isolation and feelings of powerlessness, program volunteers provide support, friendship and practical help as one parent to another. An organiser is employed to recruit, prepare and support the parent volunteers. There are no contracts and no set goals for families. The essence of the program is that the (women) volunteers offer time, flexibility and a mutual relationship to one or two families. Funding is required for a full-time organiser, a part-time secretary and for volunteers' expenses.

Hasler, J. (1984), *Family Centres: Different Expressions, Same Principles*, The Children's Society, London, 24pp.

Children's Society Family Centres which assist children at risk of deprivation, damage or delinquency are located in high risk areas and try to give services and resources that would facilitate families to remain intact and to function more effectively. This paper outlines common principles and difference factors; examines the practical outcomes of the way commonality and differences work; and gives a picture of how the centres work for six family centres in the north west region of Britain. Common principles are seen as participation, openness and development orientation. Reasons for existing differences that were suggested to the author were that areas had different needs, that project leader's preferences influenced the centre and that centres go through different stages of development. The author sees differences as determined by three factors: the ways in which centres engage in local networks, their systems of care and the nature of their attacks on poverty. He constructs a framework, using combinations of the three types of approach he describes for each of the factors, which demonstrates the patterns of practice found in the six centres. This framework offers a model which can be used in analysing existing or proposed projects.

Heighway, S. M., Kidd-Webster, S. and Snodgrass, P. (1988), 'Supporting parents with mental retardation', *Children Today*, Vol.17, No.6, November-December: 24-27.

This article describes the Positive Parenting Project (PPP) of Brown County, Wisconsin, United States, which is a program set up to help mentally retarded parents. PPP staff provide in-home, individualized and intensive case management and service to families including treatment and

education in nutrition, home management, health and safety, physical care and parenting skills. The focus is on the whole family whilst helping children reach full potential. While there are costs in providing such service, the program, in providing quality intervention to families, saves greater costs later in prevention of foster placements and other alternative living arrangements.

Hinckley, E. C. (1984), 'Homebuilders: the Maine experience', *Children Today*, Vol.13, No.5, September-October: 14-17.

Home-based services for children, adolescents and their families began in Maine in 1980-81. The author outlines the factors responsible for development as: increasing demand for out-of-home substitute care places; decreasing satisfaction with such placements where the child wanted to return to the family; increasing costs and reduced resources for such placements; decriminalisation of some juvenile offences without additional resources for children who were unable to live with their families; legislative and financial support for innovation.

The first five programs are described. Characteristics considered essential to a program's success are: that it is aimed at families with a primary goal of enabling the child to remain at home for at least one extra year; linkage with appropriate community support agencies; home-based and family oriented; time-limited services of short duration; team delivery; problem orientation for services; and operation under the guidance of a regional, multi-agency, interdisciplinary steering committee. Basic pre-requisites for staff and for training are outlined. The cost of the programs in relation to the number of cases is compared to the cost of alternative care. The conclusion is drawn that the programs are cost effective and expand home-based services to unserved areas of the State.

Hochstadt, N. J. and Harwicke, N. J. (1985), 'How effective is the multidisciplinary approach? A follow-up study', *Child Abuse and Neglect*, Vol.9, No.3: 365-372, tables.

The multi-disciplinary approach to diagnose, evaluate and plan the treatment of victims of child abuse and neglect has been widely advocated and adopted. Despite the increasing prevalence of this approach, few if any studies have looked at its effectiveness. In the current study the effectiveness of the multi-disciplinary approach was assessed by looking at the number of recommended services obtained by a sample of 180 children one year after evaluation by a multi-disciplinary team in Chicago. The results indicate that a large percentage of services recommended by the team were obtained. This compares with the very low probability of service acquisition reported in similar samples by teams without access to multi-disciplinary evaluation. The multi-disciplinary team plays a central role in acquiring the services needed to reduce the deficits and sequelae suffered by the victims of child abuse and neglect. (Journal, edited)

Hull, R.; Brickman, J. (c.1986) *Chatauqua County Family Support Program*, State University of New York, Fredonia NY.

The program's purpose is to prevent child abuse and neglect through the use of parent aides. Direct services to parents include 24-hour counselling,

lay therapy, child management classes, and transportation. Direct services to children include education. Indirect services include referral, training, services co-ordination, advocacy, child abuse and neglect reporting, professional and public awareness, and program planning. County residents are served by the program. In the last year about 200 children and 70 families received services. A program co-ordinator and a program director staff the program. Volunteers serve as parent aides, clerical aides, and on an advisory committee. The program is administered by a public, state university. Evaluation is internal. The program has two components: a family support centre and a parent aide program. Major sources of referrals include medical personnel, private and public social service agencies, public schools, law enforcement agencies, courts, family members, self-referrals, sources from within the agency, and Parents Anonymous groups. The program is supported by state-administered federal funds, county funds, and funds from private non-profit organisations.

Hutchinson, J. R. (1986), 'Progress towards change: the National Resource Center on Family Based Services', *Children Today*, Vol.15, No.6, November-December: 6-8.

The National Resource Center is funded by the Children's Bureau to assist agencies serving children, youth and families in developing family-based alternatives to child placement. Activities are grouped into three divisions: information, technical assistance and training and research. Current debates are seen as: the merits of family-based programming; the issue of appropriate staffing and particularly the professional/non-professional mix; direct public provision versus purchase from private providers; targetting; and what, if any, time limit should apply to provision of services. The integration of family systems theory into traditional bureaucratic structures is seen as a major challenge.

Its quarterly newsletter features model programs, cost analyses, management studies and program evaluations. The Center has a computer-based bulletin board for information. Its 'Annotated Directory of Selected Family-Based Service Programs' describes 238 programs in 45 States, up from 20 programs in the first directory published in 1982. The author notes that many programs in the directory are part of larger systems, that many are eclectic, being made up of features from a number of programs rather than direct transplants and that the spread and diversity of programs is evidence of continuing and growing acceptance.

Jacobs, F. H. (1988), 'The five-tiered approach to evaluation: context and implementation', in H. B. Wiess, and F. H. Jacobs, (Eds), *Evaluating Family Programs*, Aldine de Gruyter, New York: 37-68.

Following the specific example of the evaluation of Head Start not reflecting the experience of the practitioners, the author assesses why early evaluations of programs could be so wrong. Evaluation was taken up by a small field of classically trained social science researchers. The main feature of evaluation was seen to have been the influence of the scientific approach and method. From this is said to have come an inappropriate emphasis on measurement and a neglect of the environment.

The evolution of evaluation into the 1980s is discussed and a five-tiered approach to evaluation is set out. The underlying assumptions of this approach are that evaluation is the systematic collection and analysis of data to understand how a program works and/or its impact, is a necessary component of every program, has numerous legitimate purposes and audiences, and that evaluation should not detract from service delivery. The five tiers outlined are pre-implementation, accountability, program clarification, progress toward objectives, and program impact. For each of these tiers, the purpose, audience, tasks and types of data to be collected/analysed are described.

The author argues for a broadened notion of evaluation technology and that the current level of evaluation is sufficient. 'Evidence of accessibility, use, and parents' satisfaction perhaps is all that is possible and all that should be required. That evidence is available, and it is uniformly positive.' It is noted that, while national politics is conservative, there is growing awareness of the need for preventive investment in families, and that well directed and conducted evaluation can foster this support.

Jones, M. A., Nueman, R. and Shyne, A. W. (1976), *A Second Chance For Families: Evaluation of a Program to Reduce Foster Care*, Research Center, Child Welfare League Of America Inc., New York, January, 133pp.

This is an evaluation of demonstration projects set up in three districts of New York in 1973 designed to test the feasibility of preserving the family unit by providing services to eliminate the need for foster care and to prevent its recurrence. The projects provided intensive family casework to prevent the need for foster care and aftercare for those who had been in foster care. The services were targeted to children who, in the absence of the service, would not be able to remain at home, to children in care where the service would hasten the return home, to cases where the service was needed to free the child for adoption, and to cases where the child was likely to go into placement within six months.

The authors conclude that the projects demonstrated the effectiveness of the programs in averting or shortening placement. This was with benefit to the children and at lower cost. Existing systems were found to lack responsiveness to the housing and financial needs of disadvantaged families. Components of success suggested by the projects were: decentralised provision separate from foster care/protective services; services may be given by other agencies but primacy must be given to natural families; caseloads must be small (10-12 families); staff should have considerable experience and be assisted by aides; personal qualities of staff are important; supplementary service, such as day-care and homemaker services, are required; co-ordination and advocacy are as important to service as casework. Better results may be achieved quickly with younger families not burdened by chronic problems and severe pathology. However, because service factors were important and no characteristic precluded a good outcome, inclusion in programs should not be restricted to the most promising cases and the net should be cast wide.

Kagan, S. L., Powell, D. R., Weissbourd, B. and Zigler, E. F. (Eds), (1987), *America's Family Support Programs: Perspectives and Prospects*, Yale University Press, New Haven, 396pp.

This is intended as an overview of family support programs in the United States of America. It includes a foreword by Bronfenbrenner, the originator of the ecological concept of family support, on the 'quiet revolution' of family support. The introduction covers the promise and problems of family support programs. There are then twenty chapters divided into sections on context, types of programs, program development and implementation, research and evaluation and summary and recommendations. The context for family support covers social support, a history of family support and an analysis of Head Start as a pioneer of family support. Eight chapters give different types of family support. Program development and implementation are covered by chapters on design, staffing and funding, private/public partnerships in funding, ethnicity, and black families. The section on research and evaluation has essays on methodological and conceptual issues, outcome evaluation, problems in the interaction of evaluators and service providers and evaluating programs.

In their summary and recommendations, the editors see family support to be at a critical juncture facing conceptual challenges (whom should they serve, will serving like families quash diversity, will they make families dependent) and practical challenges (developing an adequate financial base, establishing a network, the ambiguity in the role of government, and combining service and advocacy). In looking toward the future, the authors see the need for: broadening participation; enhancing public awareness; coalescing and expanding advocacy; mobilising the research community; expanding financial commitments; and clarifying the role of government.

Kahn, A. J. and Kamerman, S. B. (1982), *Helping America's Families*, Temple University Press, Philadelphia: 266pp.

This book addresses the questions of who helps American families, what kinds of services are available, who uses the services, and whether they are at all adequate to the needs. After discussing the sort of problems faced by families and the range of services they seek, the authors describe the nature and range of services that are provided in the marketplace and by the public sector. They note that, for the most part services are family oriented, not family focused; family orientation implying work with parents and children or with adults in their parent roles, while a family focus implies inclusion of all family members or consideration of the impact on the family as a system. Particular attention is given to Family Service Agencies, church based assistance and self help services. Overall, the book provides an overview and context for family services.

Kadushin, A. (1980), *Child Welfare Services* (Third Edition), Macmillan, New York, 701pp.

This is a major study of the principle child welfare services available in America. It focuses on describing what these services are, how they grew up and on analysing how they operate. It is the author's view that, in many significant respects, the services have failed large numbers of children. The field is said to be oriented towards crisis rescue and remedy rather than

towards prevention and planning, tending to respond primarily in an ad hoc manner to emergency situations rather than planning long term policies. In addition, services are available for only a small percentage of children and tend to be offered to families who have limited problems and considerable strengths rather than to the many who have multiple problems and few resources. Some reasons for these perceived failures are examined. The volume is a discussion of general child welfare services rather than of directed family support.

Leashore, B. R. and McMurray, H. L. (1987), *Reuniting Families with Children in Foster Care: A Manual for Volunteer Community-based Resourced Development*, Howard University, School of Social Work, Washington D.C., 95pp.

Concern about the disproportionate number of black children languishing in residential care in the United States prompted the formation of Volunteers for Children in Need to develop a social action initiative to reunite children in foster care with their biological families. A guide was produced to encourage linkages between child welfare services and voluntary community-based organisations which could provide 'free' resources to assist families maintain stable homes for the children. Churches, professional organisations, social clubs, businesses and individuals are encouraged to 'adopt-a-family', and to provide a variety of services and material resources to the family. The manual outlines how to do a community needs assessment, solicit volunteers, provide technical assistance to groups, and link up with child welfare agencies.

Levant, R. F. (1987), 'The use of marketing techniques to facilitate acceptance of parent education programs: a case example', *Family Relations*, Vol.36 No.2 July: 246-251, tables.

Marketing techniques have considerable potential for facilitating the acceptance of parent education programs. A case example is presented which illustrates the use of market assessment in the promotion of preventive parenting programs for fathers, working parents, single parents, and step-parents. The market assessment surveyed 300 parents using a questionnaire that tapped seven areas: general family concept; family communication and the balancing of family roles; previous service utilization; interest in participating in parent programs; factors bearing on the decision to participate; responsiveness to various forms of advertising; and demographics. The results (descriptive statistics, cross-tabulations, and multiple regression analyses) are discussed in terms of how they informed the shaping of four elements of the 'marketing mix' — product, price, place and promotion. (Journal abstract)

Levine, C., (Ed.) 1988, *Programs to Strengthen Families: A Resource Guide*, Family Resource Coalition, Illinois, 181 pp.

This second edition of the Guide contains descriptions of 72 community-based family support programs. The programs are organized in the following categories: parent resource and education; neighborhood/community based family support; prenatal, infant and toddler; home-based; school-based; parent resources linked to child care and early

childhood; workplace; child abuse and neglect prevention; families with special needs; and advocacy and support for specific parent populations. Selection criteria included: availability of stable funding; completion of informal or formal evaluation and replication or source of information for other programs.

Luginbill, M. and Spiegler, A. (1989), 'Specialized foster care: a community based program for children with special needs', *Children Today*, Vol.18, No.1, January-February: 5-11.

The authors describe a Maryland Department of Human Services pilot program to address the needs of young children with development disabilities or chronic medical conditions in foster care. The pilot is part of a larger program to encourage public and private provision of specialised foster care. The project consists of a foster home specifically created for two children with associated therapeutic aides, respite arrangements, special education and physical therapy. It is argued that this program, although expensive in relation to normal foster care, is cost-effective in relation to residential services.

Lutzker, J. R. and Rice, J. M. (1984), 'Project 12-Ways: measuring outcomes of a large in-home service for treatment and prevention of child abuse and neglect', *Child Abuse And Neglect*, Vol.8, No.4: 519-524, tables.

Project 12-Ways is a large Illinois University project providing direct in-home counselling to families by graduate students. The project collects data on many variables related to the service and this paper gives an overview of the program and of its evaluation. In particular it deals with the program evaluation data which compares results for families in the program to families outside the program. The data showed fewer combined abuse and neglect incidents among the families served by Project 12-Ways.

Magura, S. and Moses, B. S. (1980), 'Outcome measurement in child welfare', *Child Welfare*, Vol.59, No.10, December: 595-606.

This paper presents the results of a survey by the Child Welfare League of America into the methods used by agencies to measure case outcome. The study's definition of 'structured outcome measure' includes tests, scales, rating forms, questionnaires and interview schedules that are completed by or administered to staff, clients or third parties. Staff assessments of outcomes that do not involve systematic measurement techniques are not included in this definition. The survey identified 138 different structured methods for measuring outcomes. Overall, 43 per cent of agencies surveyed routinely used some form of measurement of outcome with public agencies less likely than voluntary agencies to use them. A number of outcome measures were identified as needing development particularly for child-related areas such as emotional adjustment, problem behaviour, functioning in daily activities. The concept of case outcome in child welfare is elusive and ill defined, and the findings indicate that improved measures of effectiveness are required. Criteria for outcome measures to meet accountability requirements are discussed. A view is developing that

outcomes for child welfare services should be tied to community standards of adequate child functioning and child care.

Martin, J. and Pitman, S. (1989), *Learning, Living and Leaving: An Evaluation of an Adolescent Residential Unit*, Monograph No.3, Family Action, Victoria, 161pp.

Davey Court Adolescent Unit, a residential setting for up to six adolescents in Victoria, aims to develop independent living and social skills. A multiple case-study approach, including psychological assessment and behaviour rating scales, was the basis of the evaluation. The report describes the methodological constraints — small numbers, absence of comparative data from similar units, and external factors influencing outcome inherent in the evaluation. Variable success was achieved with meeting the different needs of the residents, all wards of state. All residents showed some improvement in some areas of independent living, while least success was reported in meeting the social and emotional needs of the adolescents. Recommendations are made for improving the referral process, staffing, setting of goals and target population and liaison with community services.

Maryland Department of Human Resources [1987], *Intensive Family Services: A Family Preservation Service Delivery Model*, Maryland, USA.

Since 1984, the State of Maryland in the United States has implemented Intensive Family Services, characterized as a family preservation service delivery model. The program is part of the State Social Service Administration administered by the Services to Families with Children Division with little involvement of private contractors. Services are provided by a social worker and parent aide team who work with only six families over a 90 day period. Initially the team may work with the family up to 20 hours a week tapering down to once a week contact. A family therapist is on call as a consultant to the teams. 'Flexible dollars' are available from the State to meet financial emergencies such as paying rent or electricity bills.

Evaluations of 100 families participating in the Maryland pilot programs indicated that the nine pilot locations had reduced levels of foster care placement compared to the other counties in the State. Only 10 children were placed in care, and 32 cases were closed; however 39 cases were transferred to Child Protection or Families with Children Services, and 19 cases were transferred to other agencies.

Further evaluations on 351 participating families concluded that only four per cent of children were placed in care, although as in the pilot, 20-30 per cent of cases were transferred to other State services, such as Child Protection. The point is made that by working closely with families, problems hidden at intake are identified which change the assessment of risks at the time of program termination.

McDermott, V. A. (1987), 'Life planning services: helping older placed children with their identity', *Child and Adolescent Social Work Journal*, Vol.4 No.3/4 Fall/Winter: 97(245)-115(263).

Life Planning Services for Older Children is a time-limited and intensive approach for working with youngsters who are or have been in the

American foster care system. The program is designed to help children and adolescents explore the ways in which their life experiences influence their self-image as well as to examine the availability of family membership for the present and the future. The program staff work to strengthen existing family connections or to help youngsters look at alternatives. After examining the impact of identity on placement, a discussion describes some of the methods used by Life Planning Services staff to help placed children meet the challenges of adolescent identity development. (This issue of *Child and Adolescent Social Work Journal* includes 12 other articles on foster care). (Journal abstract, edited)

Miller, J. L. and Whittaker, J. K. (1988), 'Social services and social support: blended programs for families at risk of child maltreatment', *Child Welfare*, Vol.68, No.2, March-April: 161-174.

There has been a resurgence of interest in the use of social support provided to families by their networks as a means of intervention with those families, particularly as a means to avoid out-of-home placement of children. Reasons for this resurgence are seen to be: growing empirical evidence that social support has beneficial effects and may mitigate against family breakdown; increased understanding of the elements of social support; increased disenchantment with individually oriented interventions; and resource cuts and resource constraints. These factors are thought to have particularly affected protective services. The authors see social support as difficult to define and difficult to use, both in concept and in practice.

Four family support programs which focus on child maltreatment are described and reviewed, and then used as examples to examine the issue of integrating formal and informal help for families. These programs are the Prenatal/Early Infancy Project in New York State, the Yale Child Welfare Research Program, Childhaven, a therapeutic day care program in Seattle, Washington, and a goal-focused Parent Aide Service to assist parents at risk of abusing or neglecting their children. The authors argue that those working with troubled families cannot afford illusions about their ability to help and must not naively accept social support as a means of solving the problems for these families. They conclude that programs, such as those described, can assist, especially through early intervention, adding to the evidence that comprehensive programs can bring positive change, and offering clues to the role of social support.

Miller, K., Fein, E., Howe, G. W., Gaudio, C. P. and Bishop, G. (1985), 'A parent aide program: record keeping, outcomes and costs', *Child Welfare*, Vol.64, No.4, July-August: 407-419, figures.

Parent aides are used to provide preventive and remedial services in the home to families with children at risk of abuse or neglect. This paper deals with appropriate administrative structures for this type of service. In particular, the authors describe their American program in which the key to successful use of parent aides is seen to be well-planned record keeping, which forms the basis for supervision of clients' progress toward goals within specified time limits. Records to be kept by aides on goal definition, intervention plans and problems encountered are described. It is argued that goals and time limits are effective and economical and that procedures are

important in making the service effective and available to as many people as possible.

Milner, J. L. (1987), 'An ecological perspective on duration of foster care', *Child Welfare*, Vol.66, No.2, March-April: 111-123.

In response to a recognised problem of children overstaying in foster care, this article explores factors that can affect the duration of a child's stay in foster care. The author uses an ecological approach which locates problems in the transactions that occur between the individual and the surrounding environment. A study was made of a sample of 75 children discharged from foster care in a county in Alabama, United States, incorporating details of the child, their family, and support systems and services provided. Time spent in foster care ranged from two months to almost 18 years.

A strong statistical relationship was found between the nature of the child's relationship with their biological family while in foster care, measured in terms of quantity and quality, and the length of the placement. There was also a relationship of length of stay to measures of family stress, support available to the biological family and characteristics of that family. The evidence supports the centrality of visiting as a key element related to the foster child's return to their biological family. The author discusses results in relation to other studies and in terms of their implications:

National Council of Juvenile and Family Court Judges, Child Welfare League of America, Youth Law Center, and National Center for Youth Law [1988], *Making Reasonable Efforts: Steps for Keeping Families Together*, California, 120pp.

In response to passage of the US Adoption Assistance and Child Welfare Act of 1980, which mandates that reasonable efforts be made to enable children to remain safely at home before they are placed in foster care, the groups mentioned above have developed guidelines to assist judges, attorneys and State agency administrators determine whether these obligations have been met. The guidelines include detailed suggestions for: representing clients, for training of judges, attorneys and agency administrators, assessing the need for services, monitoring the social and legal services to children, and developing comprehensive plans for preservation and reunification services, including descriptions of essential components. The authors provide examples of how these recommendations can be carried out and evaluated.

National Governors' Association and Center for Policy Research (1987), *The First Sixty Months: A Handbook of Promising Prevention Programs for Children Zero to Five Years of Age*, The Association, Washington D.C. 43pp.

Nineteen programs aimed at preventing health, education and social problems among young children are described in this report. The programs selected focus on parents as well as children, take an integrated approach drawing on a variety of community resources, and have demonstrated success in evaluative studies. This report, the first of two, resulted from an initiative of the National Governors' Association in the United States to

present their States with a strategic plan for welfare prevention with a focus on early childhood interventions.

National Governors' Association, Center for Policy Research, and The Council of State Governments (1987), *The First Sixty Months: The Next Step*, The Association, 43pp.

This report is the second of two aimed at providing State officials with a plan for reducing welfare costs by implementing prevention programs for early childhood health and education. This report highlights eighteen indicators of children's wellbeing in the States to provide a comparison for planning. Among the indicators are: kindergarten attendance; infant mortality rates; per cent of working mothers with children under six years of age; teenage birth rates; children in poverty; and proportion of children and adults receiving public assistance. Case studies from five States with innovative programs are included.

National Resource Center on Family Based Services (1988), *Annotated Directory of Selected Family-Based Services and Programs*, School of Social Work, University of Iowa, Iowa, USA, 342pp.

The National Resource Center on Family Based Services is funded as a clearinghouse on home-based services by the US Department of Health and Human Services and private foundations to provide technical assistance, training and evaluation for family-based programs. This sixth edition of the Directory includes abstracts of over 300 home-based programs in the United States.

New Zealand Department of Social Welfare (1988), 'National guidelines for the Homebuilders family support program', mimeo, September: 16pp.

This paper covers the philosophy, background, objectives, and factors for consideration in service delivery for the Homebuilders program. The Homebuilders program is an intensive, home-based service for families built on a philosophy of empowering families by developing strengths and, where possible, keeping families intact. The program provides workers/visitors giving a range of intensive assistance for a short time and covering: parenting education, counselling, advocacy, budgeting advice and links to other services. Services are available to any family in stress to enable them to function independently and are usually free, although a contribution may be required for those on high income. Eight schemes are currently in operation with a three year plan to increase this number to twenty two. The Homebuilders program is part of wider preventive family services and is linked to the Home-help program, providing home-based care where there is an isolated crises and/or ongoing need for support and to community-based day and residential programs. Part of the impetus for the program is existing and proposed revisions to legislation covering children and young people which require the Department of Social Welfare to take 'preventive measures' to avoid, wherever possible, intrusive state intervention within families. Programs are community-based, with the Department making a contract with providers, usually for 3 years, and providing up to 80 per cent of the approved budget. The organisational structure provides for a

management and an advisory committee, and sets out the responsibilities, pay scales and conditions of employment of workers.

Nichols, A. W. and Schilit, R. (1988), 'Telephone support for latchkey children', *Child Welfare*, Vol.67, No.1, January-February: 49-59.

Concerned about the numbers of 'latchkey' children — primary or middle school age children left at home for several hours each day without adult supervision — the town of Tucson, Arizona, USA provides a telephone 'warmline' that provides information, support, and assistance to children at home on their own.

KIDLINE, established in 1984 with a two-year State grant for prevention of child abuse and neglect, is run by the Tucson Association for Child Care. Current funding comes from the city, the United Way combined charity fund and private foundations. It operates from 2pm to 9pm on weekdays and from 1pm to 6pm on Saturdays and for extended hours during the summer holidays. Trained volunteers are supervised by a paid staff person.

KIDLINE aims to provide an interested and competent listener who will, if appropriate, teach children home safety and use of emergency service numbers, provide guidance for homework problems, accidents, illness, and make referrals to other community resources. Data is collected on types of calls to provide information that can lead to community advocacy.

Police and school personnel as well as local media celebrities advertise the availability of KIDLINE which averages over 1500 calls a month.

An analysis of 2495 calls during a three-month period (Nichols and Schilit, 1988) revealed that the majority of callers were girls (68 per cent) and that 87 per cent of all calls were made by children aged 7-11 years. Most calls were classified as conversational, just wanting to talk about what had happened at school or to relieve feelings of loneliness or boredom.

The authors of this study note that telephone help lines are not a substitute for adequate structured after school care and recreational programs, but can serve as another community support for families.

Noller, P. and Taylor, R. (1989), 'Parent education and family relations', *Family Relations*, Vol.38, April: 196-200, tables.

This is a report of a study into the effect of parenting courses on family relations. Thirty-one married couples, with at least one partner attending either Parent Effectiveness Training (PET) or Systematic Training for Effective Parenting (STEP) classes, were studied. At the start, finish and eight weeks after the course, parents completed a questionnaire covering: basic demographic and social data; marital satisfaction; an assessment of the course and the effect on parent-child and marital relationships; and changes they would like to see in their spouse's parenting. Results indicate that the courses are regarded as beneficial. There was no difference in perceived effectiveness between PET and STEP, and between couples with one parent attending and those with both.

O'Brien, W. (1988), 'Family support work: the Alys Key family case model', *Australian Child and Family Welfare*, Vol.13, No.2: 22-26.

The Alys Key Family Centre is a family support agency established by the Victorian Children's Protection Society as a demonstration project with a

built-in research component. The Centre aims to facilitate change within families with a history of child maltreatment experiencing child rearing problems, thereby assisting parents to assume their parental responsibilities. This paper outlines key components of the service and discusses the philosophical framework upon which the service has evolved. It then reports on an evaluation study of the Centre conducted by the Research Unit of the Melbourne Family Care Organisation, now known as Family Action. The Centre's operational principles, program goals, service model and staff roles are each described in detail and illustrated using organisational charts. The paper indicates that the program was successful in a significant number of cases of preventing the removal of children from their families which had severe problems in family functioning. The paper concludes there is need for other support agencies to develop program evaluation and project progress indicators applying management and administration models.

Ooms, T. and Preister, S. (Eds), (1988) *A Strategy for Strengthening Families: Using Family Criteria in Policymaking and Program Evaluation*, A report of the Family Criteria Task Force, The Family Impact Seminar and the American Association of Marriage and Family Therapists, Washington D.C.

Originally this study was designed to assist the US House Select Committee on Children, Youth and Families to develop criteria to assess the effectiveness of social programs. The intent of the study was to broaden the measures of impact beyond child outcomes to describe benefits to parents and family. Family criteria to be considered include: promotion of family involvement of all members; provision of choice about services; promotion of family stability; short term interventions and goal of family reunification; and prevention of family problems.

Family criteria are assessed in relation to legislation on child care, long-term care, mental health benefits, adoption/foster care policy, and military spouse employment programs. Additional criteria for fiscal concerns are presented. Arguments for a family assessment approach to policymaking are presented.

Paschal, J. H. and Schwahn, L. (1986), 'Intensive crisis counselling in Florida', *Children Today*, Vol.15, No.6, November-December: 12-16.

This program provides in-home support services to prevent the removal of children from their homes. Children are referred from other agencies and the major criterion for inclusion is the danger of imminent removal of the child from home. The 1982 pilot program had a 95 per cent success rate (only 5 of 196 children were removed from home), and is said to have shown significant cost-effectiveness. The pilot expanded to 11 projects serving 1,100 families at a cost of \$1125 per family per year. There is a 24 hour crisis service. Following a crisis, counsellors meet with families on a regular basis for up to six weeks to teach new skills to help prevent recurrence. Information, referral and liaison with other services are part of the counselling. A case study is described together with statistics on the numbers of families served, foster care rates and child abuse.

Perspectives on Training: Family Support Program (1987), Proceedings of a Seminar, 27 October, Family Support Services Association, Concord NSW, November: 72pp.

These are papers from a seminar organised to look at views on training and to examine issues and problems associated with existing training arrangements in family support service agencies. Papers outline the nature of training issues, identify training needs, and give case studies on the current provision of training. The volumes conclude with a list of recommendations for action, a number of which are specific to New South Wales. The introduction and Appendix 2 contain some details of family support services in New South Wales.

Peters, D. L. (1988), 'Head Start's influence on parental and child competence', Chapter 7 in S. K. Steinmetz, (Ed.), *Family and Support Systems Across the Life Span*, Plenum Press, New York: 73-98.

This article discusses the methodologies and the evidence for the Head Start program having a positive and lasting impact on parents and children. The relationship between early-intervention and the production of long-term effects on children's ability is seen as complex. Assessment of risks and opportunities for a particular child or group of children requires an understanding of the child's attributes as well as the salient features of the family context.

The author discusses available theories and research on the manner of intervention, the importance of the child-parent relationship and the intensity of intervention. If risks in the home environment have not been eliminated, changes are not likely to last.

Longitudinal research into the impact of Head Start and similar programs indicates that child-environment relationships may be modified if intensive and planned effort is made which focuses on enriching the environment by increasing parental child rearing competence. The author reports research attempting to clarify the issues of the relative efficacy of the type and intensity of intervention within Head Start programs. The research tested variation in program delivery type and intensity on both child and parent outcomes. Children in each of the three program modes tested made significant gains but there was no difference in the gains among the three programs. There were differences for parents both before and after testing and in the degree of improvement.

Overall, factors contributing to child competence were found to be the child's ability upon entering the program, the learning opportunities provided by the program and the competence and environment factors associated with the parents. The conclusion is drawn that parents are more likely to show different degrees of short-term change than children and that children made significant gains in all the measured outcomes despite variation in the type of program. The analysis shows a complex relationship between the type and intensity of instruction, parent characteristics and child characteristics that varies predictably with the level and type of instruction. As all children made comparable gains and parents made differential gains, the author contends that this implies that variations in the mode of Head Start delivery do not significantly affect the rate of short-term gains in achievement in children. However, he raises the question about

what will be the long-term effects of the differential treatment. On the basis that parents working with their children are better able to assess development and are reinforced by the child's progress, the author postulates that the durability of the effects of intervention is determined by the type of procedures and the values of the parents.

Phelan, J. (1983), *Family Centres: A Study*, The Children's Society, London: 129pp.

This is a review and analysis of the Church of England Children's Society family centres. The Society is one of the largest voluntary child-care organisations in Britain and, in 1983, had sixteen family centres aimed at assisting children at risk of deprivation, damage or delinquency. Centres are located in high risk areas and aim to give services and resources that would facilitate families to remain intact and to function more effectively. Descriptions are given of twelve centres covering: facilities, staffing, activities and development. Primary concepts and principles of the centres are seen to be the family, preventative work, community work, responding to local needs, self help, participation and local involvement; all of these are discussed in relation to actual practice in the centres. The author concludes, *inter alia*, that: family centres are not a cheap alternative and cannot be funded on a shoe-string budget; clear aims and mechanisms to achieve them are essential; active participation of users is extremely difficult to achieve but are necessary in order that services be responsive to local need.

Price, R. H., Cowen, E. L., Lorion, R. P. and Ramos-McKay, J. (1989), 'The search for effective prevention programs: what we learned along the way', *American Journal of Orthopsychiatry*, Vol.59, No.1 January: 49-58, table.

This article is based on a report of the American Psychological Association Task Force on Promotion, Prevention and Intervention Alternatives. The Task Force was to identify model prevention programs for high-risk groups throughout the life-span. The authors assert that, as there will never be enough professional workers to deal with all needs, and as a wide range of problems are preventable, it is important to identify model programs that turn the logic of prevention into concrete reality. This is seen to require research into the evidence of effective programs and then of determining which programs are repeatable in other settings. The article sets out the mechanism of the search and the criteria for selection of 14 programs.

The 14 model prevention programs are set out in a table under the headings: authors, target group, objectives, methodologies and outcomes. Successful programs have a number of features in common: careful targeting of the population, the capacity to alter life trajectory, the provision of social support and the teaching of social skills, the strengthening of existing family and community supports, and rigorous evaluations of effectiveness.

The authors also conclude that programs for the elderly are under-represented, that rigorous evaluations are extremely scarce, that estimates of benefits and costs are rare, and that knowledge to implement and sustain programs effectively has not yet been systematically developed. The authors

conclude that prevention efforts can be effective and that, while still scarce, new and promising programs continue to emerge.

Pugh, G. and De'Ath, E. (1984), *The Needs of Parents: Practice and Policy in Parent Education*, Macmillan, London, 230pp.

This book arises from a three-year study of the preparation, education and support for parents, carried out by the National Children's Bureau in London. The authors stress the significance of the role that parents play in the development of their children, the increasing complexity of understanding about child development, and the pressure this complexity and the involvement of professionals can put on parents. In the section of the book dealing with pre-school children, the authors discuss services available for parents, particularly those directed towards vulnerable families. Services are divided into: adult and community education including linkages to home; liaison between home and school; toy libraries; family groups; family centres; home-based programs; crisis phone services; and intensive work with families. The best strategies are those where parents are worked with rather than where things are done for them. Some schemes are said to have provided a crucial improvement in self perception and a first opportunity for mothers to move into education and or work.

Reid, W. J., Kagan, R. M. and Schlosberg, S. B. (1988), 'Prevention of placement: critical factors in program success', *Child Welfare*, Vol.67, No.1, Jan/Feb: 25-36.

Initial studies of home-based family counselling programs have demonstrated success in keeping children out of institutional placements: little is known, however, about the characteristics of families or children or service utilization that might predict program success. A study examines differences between prevention cases that either terminated in placement of the child or in continuance of parental care. The main purpose of the study was to identify diagnostic, service, and outcome factors that differentiated the two types of cases. The setting was the Prevention Program of Parsons Child and Family Center in Albany, NY. (Journal abstract, edited)

Reis, J., Barbera-Stein, L., Hertz, E., Orme, J. and Bennett, S. (1986), 'A baseline evaluation of family support programs', *Journal of Community Health*, Vol.11, No.2, Summer: 122-136.

Four demonstration family support programs in Illinois communities with a disproportionate number of families at risk of malfunctioning were evaluated. In this evaluation, a one-year cohort of 422 family support participants were assessed along key dimensions of parenting known to contribute to child wellbeing and potentially to the incidence of child neglect and abuse. The dimensions analysed included parent's attitudes to child rearing, knowledge of child development, level of perceived social support, and level of depression. Overall, these dimensions are inter-related in accordance with previous clinical observations and developmental theory, for example, depressed parents are less knowledgeable, more punitive and have less support than non-depressed parents. The authors conclude that the results of the evaluation suggest that the demonstration

projects are successful in reaching some subgroups of families at risk for parenting problems.

Remy, L. L.; Hanson, S. P. (1981), *Evaluation of the Emergency Family Care Program, San Francisco Home Health Service. Component One: The Basic Evaluation*, San Francisco Home Health Service, California, 8pp.

Evaluation of a program that provides 24-hour emergency care to children and families assessed as being under stress or at risk of child abuse and neglect. A full range of in-home services are available to families living in the city and county of San Francisco. The goal of the program is to keep families together and prevent out-of-home child placement. The purpose of the evaluation was to determine the differences between families who received Emergency Family Care Services and those who did not. Of the 94 families referred to the program and included in this evaluation, 43.3 per cent were judged to have at least one child at risk for placement; 28.1 per cent had at least one child who had been in placement in the past; and 16.9 per cent had at least one child in placement at the time of referral. In the first six months of the program, workers recorded 768 services delivered to 37 accepted families. Overall, 66.3 per cent of client status changes were positive.

Ross, E. (1982), *Home Care*, NSW Department of Youth and Community Services, Planning and Research Unit, 102pp.

This report provides an overview of the main issues relating to home care services derived from the literature. Chapters address the problems created by an absence of clearly defined objectives for home care, the changing role of the family in caring for disabled family members, and the fragmentation of services.

Rothenberg, B. A. (1983), 'Helping today's beginning families: support for parents', *Children Today*, Vol.12, No.5, September-October: 4-7.

The author contends that new parents are eager for emotional support and validation as parents and need practical information. Among professionals, it is agreed that a focus on the early years of a child is critical. The article describes a parent education/family support program emphasising the earliest years. The Children's Health Council (CHC) is a community-based non-profit agency providing diagnostic and treatment services to multi-problem children and their families in Palo Alto, California. It has strong components of child guidance and of education/learning disabilities. The Child Rearing Education and Counselling Program began in 1973 as a primary prevention program to offer support and education for healthy families who had not been referred but who were seeking approaches that would lessen the likelihood of problems developing later. Parent Education Classes are divided according to the age of the child. These are combined with telephone counselling, in-person conference and diagnosis sessions. A three year formal evaluation showed that families attending parenting classes made significantly more gains in a series of parenting skills than the control families.

Schine, J. G. (1989), 'Adolescents help themselves by helping others', *Children Today*, Vol. 18, No. 1, January-February: 10-15.

The Early Adolescent Helper Program operating in 15 schools in three States of America was designed as an after-school community program for 10-15 year olds. Its aim is to provide a safe and constructive environment for young people too old for traditional after-school care programs who otherwise may be unsupervised at home during after-school hours. Currently 200 children participate in Helper Programs in day care centres and senior citizens' centres. Activities include story telling to younger children, compiling oral histories of older people, and assisting with trips to museums and parks. The author warns that planning and supervision are essential components for organising the scheme. The program is coordinated by the City University of New York which has produced manuals for implementing the program.

Silverston, R. A. (1989), *Effectiveness of Residential Care Reunification Programs and Aftercare Services: A Demonstration Study*, Final Report. Prepared for US Department of Health and Human Services, Children's Bureau, Childhelp USA/International, California: 75 pp., appendices.

The CHILDEHELP Aftercare Project was designed to provide a model program for assisting families maintain stability in home or other permanent care where a child had been in foster or residential care. The study aimed to identify the correlates of residential and post-residential adjustment among discharged children and their families, and to determine difference between families receiving various levels and intensity of aftercare services.

The sample consisted of 252 children, aged 3-14 years, discharged from four California-based residential treatment facilities. Comparisons were made between CHILDEHELP, the government funded demonstration project, and the other aftercare agencies one year since initiation of the Aftercare services for any given client. Evaluation was based on responses by parents/caregivers to questionnaires and checklists, and an analysis of case records. Areas addressed were: academic and social adjustment of the child, compliance with authority figures, home environment, caregiver employment status, parenting skills, and parent-child interaction.

The range of services provided by all agencies during residence included: special education, occupational and speech/therapy, recreational therapy, individual, group, family therapy, medical treatment and aftercare planning. Services were highly professional and therapy oriented. Aftercare services consisted mainly of linking client families to community services for counselling, therapy, self-help groups and vocational training. Liaison with schools was an important component.

At the time of the evaluation, stable placements were achieved in 44 per cent of all cases, 98 per cent of which were family reunification. Differences were reported between placements which included aftercare services and those that did not. Ninety per cent of CHILDEHELP participants remained in their placement while the second highest agency also had more formalized aftercare services. These results remained after controlling for the fact that CHILDEHELP had a higher ratio of young female clients which could have

contributed to the higher success rate. Aggressive or destructive behavior was still present in 30 per cent of all children; 90 per cent of all children required some form of remedial assistance and 50 per cent were placed in formal special education classes.

Although the more intensive aftercare services provided by CHILDHELP were considered to result in more positive outcomes, stability of placement appeared the main criteria. Little information was provided on the quality of family life and parenting environment. Again while claiming to be family rather than child focused, individual therapy and not parenting education appeared to be the major intervention.

As a result of the evaluation, the authors identified components for a model aftercare program to maintain family unity and stability. These include: in-home visits by a paraprofessional to check on progress, detect signs of abuse, assist with adjustment difficulties and aid in linking family to community resources; parent education; job training, respite care, and counselling.

Sims, A. R. (1988), 'Independent living services for youths in foster care', *Social Work*, Vol.33, No.6, Nov/Dec: 539-542.

Foster care services originally were developed to provide a protective environment for youths coming from abused, neglected, and abandoned environments. However, the process has typically neglected their growth and self-sufficiency needs: studies indicate that foster children for the most part are poorly prepared for adulthood. Specialised emancipation services provide children who are discharged to their own supervision with assistance in making the transition to independent living. Programs that supplement the emancipation efforts of traditional foster family care include supervised residences, independent living subsidy programs, scholarship programs, and support groups. Despite the emerging promise of such programs, the Reagan Administration's opposition appeared to thwart their growth. The successful institutionalization of emancipation programs for youths in foster care will depend on astute political opposition to the current administration, production of accurate outcome data from the programs, community acceptance, and agency change.

Slater, M. A., Bates, M., Eicher, L. and Wikler, L. (1986), 'Survey: statewide family support programs', *Applied Research in Mental Retardation*, Vol.7: 241-257.

This paper presents the results of a survey of 23 family support programs conducted by American States in the context of care for disabled children. Sixteen of these programs are required by State legislation to be available to families and the majority have as their major purpose to reduce out-of-home placements. There is great variability in eligibility criteria, administration, amount of support and the types of service provided. Program evaluation data are reviewed indicating that cost-benefits, decreased rates of out-of-home placement, and effects on family enhancement are primary concerns of these programs. Implications for future program development based upon normalisation philosophy and stress/coping theories are presented. A

major conclusion is that cash subsidies, although relieving economic stress for families who care for handicapped children, do not necessarily reduce family stress associated with isolation and coping with daily demands of caring. It is these personal stresses that are more frequently cited than financial costs as contributing to out-of-home placement.

Sloan, M. P.; Meier, J. H., (c.1986), *Reuniting Abused Children with their Parents: Procedures and Results at Children's Village*, Children's Village, USA, Beaumont, California, 19pp.

This presentation reviews the first three and a half years of the programs at Children's Village, (CVUSA) in Beaumont, California to treat abusive parents whose children have been removed and placed in its residential treatment centre. Family treatment, only one part of CVUSA-Beaumont's service array, is tailored to meet the individual needs of all parties, particularly the parents and siblings, by means of careful intake assessment, comprehensive interdisciplinary evaluation, and planning and implementation of treatment. Treatment includes pre-reunification preparation, followed by reunification or other permanent placement.

The evolution of the Parent Program reveals three discernible stages: a residential treatment program for the entire family, abandoned in lieu of a concentrated Saturday Parent Program, which was subsequently replaced by a more traditional outpatient family treatment program. Statistics are presented on the first 53 children who left the CVUSA-Beaumont program with indication as to where they were placed and speculation as to why they were either reunited with their natural parents or relatives, placed in an adoptive home, or placed in another out-of-home setting. The reunification of 37 abused children with one or both of their natural parents was achieved against the nearly insurmountable odds of numerous, previous foiled, out-of-home placements, all prior to entering the CVUSA-Beaumont residential treatment program.

Smith, S. R. (1989), 'The changing politics of child welfare services: new roles for the government and the nonprofit sectors', *Child Welfare*, Vol.67, No.3, May-June: 289-299.

This article deals with what is seen as the most critical development within American child welfare policy in the past 25 years affecting the response of child welfare service organisation to children in need: the growing use of purchase-of-service contracts between government and nonprofit child welfare agencies for the delivery of services to children. It is argued that the new politics of child welfare services is restructuring the relationship between government and nonprofit agencies, leading to greater government intervention and influence in nonprofit agencies. This is leading to complex changes in the clients and services of the agencies, in particular the forced acceptance of government-referred clients incompatible with the agencies' mission. Reasons for this not being an issue in the 1970s and for emerging as an issue in the 1980s are canvassed. Important ramifications are seen to be a perception of services as part of government, a perception of imposed inappropriate demands on clients and a reduction in discretion on decision making.

Smith, T. (1987), 'Family centres: prevention, partnership or community alternative?', Chapter 14 in J. A. Macfarlane, (Ed.) *Progress in Child Health*, Vol.3, Churchill Livingstone, Edinburgh, 176-184pp.

This chapter reviews the increasingly popular approach to delivering services to families and young children through family centres in the United Kingdom. Family centres provide diverse services in a variety of ways to families with young children. Two debates are seen to lie behind the development of such centres: the educational debate on the home/school partnership, with evidence of the influence of the home environment but uncertainty over the feasibility of intervention strategies with parents; and the debate over the relationship between formal and informal care. Family centres are seen as an attempt to develop the partnership between parent and child and also as an attempt to provide a link between formal and informal services. The objectives of the centres are seen to fall under four main headings: community-based preventive social work practice; educational outreach; self-help; and employment initiatives. Key characteristics are delineated as: a commitment to work with both parents and children; a range of service and commitment to their integration; flexible work styles; a local base and focus; an emphasis on consumer participation; a preventative approach; and an emphasis on reducing stigma. Particular centres and some models are described and discussed. In asking whether centres are effective the author considers the criteria that should be employed and discusses evidence on their effectiveness (in some areas yes, in others uncertain), accessibility (those using the services think so), and effective in prevention (fewer children are taken into care but other signs are uncertain). In view of the uncertainty over their benefits the author considers that studies comparing family centres to alternative methods of provision are required.

Street, E. and Dryden, W., (Eds), (1988), *Family Therapy In Britain*, Open University Press, Milton Keynes, 365pp, index.

This book is part of a series on 'Psychotherapy in Britain'. It is aimed at presenting the theoretical models that inform the activities of British family therapists and at discussing issues and themes central to the practice of family therapy. The first section covers theoretical approaches to family therapy and the second deals with special issues. In the theoretical section, the first chapter outlines the development of family therapy, the following seven chapters cover particular types of therapy using the same framework: the theoretical assumptions, the nature of healthy family functioning, the therapy process, the role of the therapist, methods of intervention, family responses and assessment of change. The section on special issues includes chapters on child abuse, divorce, ethnicity, sexual inequality and research in family therapy.

Stroul, B. (1988), *Volume I: Home-Based Services*, Series on Community-Based Services for Children and Adolescents who are Severely Emotionally Disturbed, CSSP Technical Assistance Center, Georgetown University Child Development Center, Washington, D.C., 120pp.

— (1988), *Volume II: Crisis Services*, by Goldman, S. Series on Community-Based Services for Children and Adolescents who are Severely Emotionally Disturbed, CSSP Technical Assistance Center, Georgetown University Child Development Center, Washington, D.C., 105pp.

These reports are two of a series of four monographs on community-based services for children and adolescents who are severely emotionally disturbed. The other two volumes focus on therapeutic foster care and systems of care. The reports are based on a survey of over 650 American organizations and individuals providing care.

These two reports provide a comprehensive synthesis of client populations, philosophy, objectives, staffing patterns, sources of financing, costs and cost-benefit analysis, program components, processes and techniques, organization structure and evaluations results. Problems and constraints of program effectiveness are discussed. Selected programs are described in detail. References are extensive and recent. An appendix contains one page profiles of additional programs. The reports are well organized and informative.

Sudia, C. (1986), 'Preventing out-of-home placement of children: the first step to permanency planning', *Children Today*, Vol.15, No.6, November-December: 4-5.

Efforts are being made by family workers to limit the time that children spend in out-of-home care before being returned to an improved family situation or placed in an adoptive home or with another alternative permanent family. This effort begins before placement to avoid any need to remove children from their homes. This approach is covered by legislation making federal contribution to foster care costs contingent on 'reasonable effort' to prevent placement. State prevention efforts and the decline and then rise in numbers of children in out-of-home care are described. The Children's Bureau estimates that 59 per cent of children enter care because of some form of abuse or neglect, 15 per cent because of parental incompetence or absence, 9 per cent because of the child's own behaviour, 2 per cent because of a handicap/disability and 16 per cent for other reasons (e.g. lack of money or housing); the proportions vary widely across States. The Social Security Act provides fiscal incentives to States for development and improvement of preventive programs and federal staff provide technical assistance and conduct joint planning sessions. The forms of federal government involvement are outlined; the major involvement in prevention is seen to be the National Resource Center for Family Based Service at the University of Iowa. (Author, edited)

Swick, K. J. (1984), *Inviting Parents Into The Young Child's World*, Stripes, Illinois, 239pp.

This book aims to provide a perspective on and mechanisms to enhance parent involvement in educational programs for young people. It is written from the perspective of the early education field and on the premise that teachers need to be 'inviters' of parents. There are seen to be five major

components of the process of involving parents: understanding parents and families; educating parents; communicating with parents; and supporting family development. In dealing with the issue of home visits, the author cites research findings indicating that parental competence has an impact on the functioning of the child. Findings indicate that improving parental competence has a long-term social effect. Parent education is seen to have a positive effect not only on children but also on parents by improving their relationship with the child, increasing self-image, increasing knowledge of parenting, increasing involvement in schools and with children at home, and reducing the amount of negative interactions with the children. Short chapters, with a specific education focus, discuss strategies for organising parents, ways to involve parents, involving parents in decisions, improving programs, programs for parents of learning disabled children, the parent-teacher communication process, communication styles and techniques, supporting families as learning systems, and the neighbourhood as a family support system.

Tatara, T., Morgan, H. and Portner, H. (1986), 'SCAN: providing preventive services in an urban setting', *Children Today*, Vol.15, No.6, November-December: 17-22.

This article concerns the Supportive Child Adult Network (SCAN), a large not-for-profit organisation in Philadelphia specialising in a multi-disciplinary, family-centred approach to the prevention of child abuse and neglect. The program was documented by the American Public Welfare Association as a model program. The target group is at-risk families with a history of abuse. Most are black single parents with three or more children. The authors outline the philosophy, structure, operation, intake procedures and service provision of SCAN. An important component of SCAN services is training in life skills, and social workers involve clients in using community services and agencies. Special aspects of the program are seen to be the sharing of daily activities with clients as a teaching mechanism and the nursing unit, which deals with health information and nutrition. The staff was initially made up of local paraprofessionals; this has now changed to almost all professional staffing.

Timberlake, E. M., Pasztor, E., Sheagren, J., Clarren, J. and Lammert, M. (1987), 'Adolescent emancipation from foster care', *Child and Adolescent Social Work Journal*, Vol.4, No.3/4, Fall/Winter: 116(264)-129(277).

A demonstration project tested the degree to which a short-term, competence-oriented service delivery model prepared 31 older adolescents to move into responsible independent living upon termination of foster home placement. The adolescents achieved significant growth, as measured by independent living, employment, and social network skills, but not in level of psychosocial functioning. (This issue of *Child and Adolescent Social Work Journal* includes 12 other articles on foster care). (Journal abstract, edited)

Tinney, P. (1985), *The Six Family Aide Programs of Melbourne Family Care Organisation*, Melbourne Family Care, Victoria, 55pp.

The aim of the evaluation was to provide information to improve the effectiveness and efficiency of the services under the auspice of Melbourne Family Care. Service users and family aides were interviewed. Overall, the report concluded that family aides found their work rewarding and families were positive about their contributions. Issues emerging from the evaluation centred on improving training and supervision, status of workers, integration of services and information about services. Increased use of male aides was recommended.

Triplett, B., Preston, I., Henry, A. and Thompson, W. (1986), 'Moving toward family preservation services in Kentucky', *Children Today*, Vol.15, No.6, November-December: 8-11.

The author outlines the steps toward the development and implementation of State-wide family services program in Kentucky. A dramatic increase in children's needs and a massive decline in funding led to a major review of the State's protection services system in 1984. As there was no existing model for State-wide programs, a task force developed a family-based service model and a family service program specifically for Kentucky, taking features from other programs rather than transplanting a program. Broad goals were to maintain the family as a functioning unit, to maximise services at the time of crisis and to prevent family break-up. The features of the implementation were: freeing existing staff for direct service; recruiting more staff and specific training of staff; re-writing job specifications to reflect the family-based services concept; and the development of the task force's program model. There are four components to the model: intake services; family-based services to individuals in a family context; recruitment and certification of adoptive and foster families; and family treatment. On the basis that access to funds would avert many crises, emergency funds of up to \$500 per year are available to a family in crisis. The problem of resistance of staff to change, and methods used to resolve this resistance are described. Evaluation of effort and of outcomes is specifically built into the model via a committee.

Tunnard, J. (1988), 'Using written agreements with families', *Children and Society*, Vol.2, No.1: 53-67.

This paper deals with the use of contracts between professionals and clients. American experience is cited that concludes that the use of contracts with parents is effective in concluding children's stay in out-of-home care, and that working with parents is more effective to this end than working with the children. British experience is also examined although the results are more equivocal. Positive aspects of contracts are seen to be motivating the parties to the agreement and serving as a reminder of matters covered; negative aspects are that contracts are one-sided and become a meaningless ritual, particularly as updating the agreement is often overlooked due to the work involved. The work of the Family Rights Group in Britain indicates that families want written agreements because of their potential for shared

work and responsibility, and because families have little expectation of equality in their relationship with professionals. Nine conditions are identified as being necessary for families to consider written contracts worthwhile. Recent developments that have increased interest in such agreements and an example of a placement agreement are given, as are a mixture of British and American references.

United Nations Centre for Social Development and Humanitarian Affairs, (1984), *The Family: Models for Providing Comprehensive Services for Family and Child Welfare*, United Nations, New York, 68pp. (The Family, No.1).

This report identifies, describes and analyses different methods of designing and implementing a comprehensive approach to the delivery of child and family welfare within the context of the objectives of the United Nations International Women's Year. Case studies, administrative structures and service deliveries are discussed for developed countries, in particular a New York program for poor Hispanic families, and for less developed countries. For the most part, the discussion centres on assisting women in the context of developing economies, however, some conclusions are generalisable. It is concluded that programs carried out with community participation are said to foster attitudes of confidence rather than uncertainty, self-reliance rather than dependence, involvement rather than detachment and the feeling of being in control; and that, as the problems confronted are multiple and interrelated, the solutions must be multi-faceted and multi-disciplinary, it is also seen as better to have a multi-purpose organisation than many single-purpose organisations.

United Nations Centre for Social Development and Humanitarian Affairs, (1987), *The Family: Strengthening the Family: Guidelines for the Design of Relevant Programs*, United Nations, New York, 41pp., (The Family, No.4).

This report is No.4 in a series on the family undertaken since 1982 by the Centre for Social Development and Humanitarian Affairs. It is based on literature collected by the Secretariat of the United Nations, data submitted by government and non-government organisations, and reports from six consultants. The objective of the study is to analyse, primarily in the context of economic development, current family programs and to propose ways to increase family participation in programs and ways to improve their benefit to families. After looking at the changing situation and needs of families the report outlines the nature, content and objectives of family programs, which are divided into: economic welfare; health-care and child-care; educational and psychological; and programs for those with special needs. For the most part the conclusions reached relate to the wider needs of families in the development process, however it is also concluded that programs designed for family members should focus on the fact that families are units with their own dynamics and are primary resources in meeting their own needs. To the extent that policies and programs do not take this into account, it is concluded, they are doomed to fail.

United States. House of Representatives Select Committee on Children, Youth and Families (1987), *Preventing Out-Of-Home Placement: Programs that Work*, USGPO, Washington D.C., 106pp.

The Select Committee held hearings on successful family preservation programs. The publication contains descriptions of programs by directors of several State social welfare departments that have implemented intensive family support programs. The views of some participants in these programs are also included. A number of cost effective calculations are described.

United States. Select Committee on Children, Youth and Families (1988), 'Opportunities for success: cost-effective programs for children: update 1988', US House of Representatives, USGPO, Washington D.C., 72pp.

This report presents evidence from research studies documenting the cost-effectiveness of major health, nutrition and pre-school education programs funded by the US Government. Calculations indicated that a '\$1 investment in pre-school education returns \$6 in savings due to lower special education costs, lower welfare and higher worker productivity and lower costs of crime'. While brief descriptions of each program are included, the report does not refer to the other components, such as parent education, and linkages to other health and welfare services that are often tangential to participation in these programs, particularly the Head-Start programs described elsewhere in this review.

United States. Youth Development Bureau, Department Of Health And Human Services (1980), *Helping Youth and Families of Separation, Divorce and Remarriage: A Program Manual*, U.S. Government Printing Office, Washington D.C., 170pp, appendices.

This manual is designed to assist agencies and groups to create or expand services for youth and families experiencing separation, divorce and remarriage. It was prepared as part of a program to identify and develop innovative strategies, and it explores the needs of the target groups, existing programs, missing services and information gaps in the literature. The manual describes three models for services, family counselling, education and self-help, and discusses issues to be considered before a new program is implemented. The manual outlines steps to assess the particular needs of a community, and identifies the resources required to implement each model. Evaluation is discussed under seven steps: identifying evaluation goals and questions; research design; resources required; data collection procedures; data collection and management; analysis and interpretation; and reporting the findings. Appendices include brief descriptions of particular programs. (Author, edited)

Utrianen, S. (1989), 'Child welfare services in Finland', *Child Welfare*, Vol.67, No.2, March-April: 129-140.

The author describes the child welfare system in Finland and the role of government and voluntary organisations in providing services. Services similar to those in other industrialised countries are detailed: day care, income supports, respite care, child and family counselling, home help

services and foster care. In addition to general government funding of public and private agencies that provide services, profits from the State controlled Slot Machine Association are used to finance social and health care organisations.

Victorian Government Committee of Review of Early Childhood Services (1983), *Future Directions for Children's Services in Victoria: Report of the Review of Early Childhood Services*, Melbourne, 393pp.

This comprehensive review of early childhood services in Victoria identifies existing services and their administrative and financial arrangements. Principles which should underlie the provision of services are described. These include universal provision of services, accessibility on the basis of needs, a developmental focus for children, families and the community, coordination and integration of services, accountability, parental participation and workers rights. Recommendations are made regarding the required diversity of services, community participation, cultural relevance, federal, State and local responsibilities, industrial conditions and integration with other services.

Warner, M. (Ed.) (1987), *Perspectives on Training: Family Support Program*, Family Support Services Association, NSW, 74pp.

Proceedings of a seminar on issues related to the training of family support service workers is described. Among the issues addressed in the various chapters are: the debate over professional versus experiential qualifications and training; the disparate nature of the sector's membership; and lack of career structures. Several training modules are presented.

Weiss, H. B. (1989), 'State family support and education programs: lessons from the pioneers', *American Journal of Orthopsychiatry*, Vol.59, No.1, January: 32-48, table.

Family support programs based on the ecological premise that factors outside the family affect the family's capacity to nurture and rear its children have filled an empty niche in the continuum of community services. Many communities have introduced such programs, often outside the human service mainstream. Now there is another important transition as some State governments have begun to consider their role in the creation and funding of preventive family support and education programs. In the past, the States have largely limited their role to crisis intervention to protect children. Two States have become involved in pilot programs, and two in State-wide, universal, voluntary programs open to all parents and children. Five factors are seen as important to this change: increased understanding that caring for children means caring for families; encouraging evaluations of early intervention programs; growing concern that families are in trouble; the way such programs reinforce widely held American views on the family and its roles; and the States being prepared to take a new, proactive role in education and human services.

The paper gives an overview of the programs, the mechanisms used to gain political support for them and their growth and implementation. The

critical choices in the formulation of the programs are seen as: where to locate them; whom to serve; and what kinds of services to provide. A table sets out details of the programs, the sponsors, participants, staffing, services, role of parents, goals and evaluation. A future tension is seen to be the incorporation of the grass-roots programs into the mainstream of human services.

Weiss, H. B. and Jacobs, F. H. (1989), 'Introduction: family support and education programs — challenges and opportunities', in H. B. Weiss, and F. H. Jacobs, (Eds), *Evaluating Family Programs*, Aldine de Gruyter, New York: xix-xxxiii.

The introduction is intended to define the characteristics of family support and education programs, highlighting the challenges for evaluators. For the programs covered, these characteristics were held to be: a demonstrated ecological approach, enhancing *both* the families' child rearing capabilities and the community context in which the child rearing takes place; based in the community and sensitive to local needs; provide services in each of a number of specified areas; an emphasis on primary and secondary prevention; innovative, not exclusively professional, approaches to services; and support for an independent relationship between family and community. There were many differences in the services covered, differences in auspices, agencies, populations, and in the problems addressed. Similar goals and objectives are said to mean that at least some short term outcomes are similar; the differences mean that some longer term outcomes differ.

Significant commonalities are the concept of promoting or enhancing health/well-being rather than preventing social problems, and that services build on family strengths, empowering parents by doing things *with* families rather than *to* them. The outcome of these commonalities has been a reconceptualisation of the family in relation to sources of assistance and redefinitions of the role of professionals and participants. There has been a change from the family as passive recipient of professional help to the idea that the particular parents, other parents, and professionals, have strengths and support to share.

With the movement to individualise programs, creation of drop-in style centres, parent input groups and home visits, the definition of treatment has become difficult because of the interchange and influences on what occurs. These changes are said to reflect other changes and a number of recent trends such as: a growth in the distrust of professionals; the incorporation of non-professionals in services; increasing emphasis on access; co-ordination between services and information; and the movement toward ecological intervention, that is, strengthening relationships, family members, and between the family and the outside.

The authors note that, while there has been a major development in the past twenty years, this is part of a longer tradition. They also argue that the differences between services should not be diminished arguing that there is no one type of family and therefore there should be a variety of services because there is strength in diversity. The challenge is to acknowledge this diversity and assess the 'fleet of evaluations as well as the flagships'.

Weiss, H. B. and Jacobs, F. H., (Eds), (1988), *Evaluating Family Programs*, Aldine de Gruyter, New York, 556pp., appendices, Research Instruments and Their Sources; Glossary of Research and Program Evaluation Terms.

This publication comes out of the work of the Harvard Family Research Project which was established in 1983 to collect, review, synthesize and disseminate information about the effectiveness and evaluation of preventive programs for support and education to families with young children. The publication contains commissioned essays that examine the analytic, conceptual, methodological and original issues on family-oriented research in the light of what the ecological perspective means for program developers and evaluators in practice for a range of populations, presenting problems, agency settings, types and focus of programs. There are four parts: the state of knowledge about program effectiveness; measuring child, parent and family outcomes; evaluation experiences — case studies (ten); and current issues in theory and policy.

Weissbourd, B. and Kagan, S. L. (1989), 'Family support programs: catalysts for change', *American Journal of Orthopsychiatry*, Vol.59, No.1, January: 20-31.

The growing family support movement is described in the historical context of the social service and self-help modalities that presaged it and in the context of the current social and political conditions in which it has arisen and to which it is, in part, a response. Family support programs have the following principles: a focus on prevention and a recognition of the importance of the early years, which goes beyond simple prevention to the idea of promoting optimal development; an ecological approach to service delivery that acknowledges that children's services cannot be independent of their families and communities; a developmental view of parents encompassing parental growth and development; and the universal value of support. The heritage and impact of family support is outlined. The issues and challenges for the family support movement are seen to be: reconsideration of the concept of prevention and what this means for services; a need to strengthen the infrastructure of family support in terms of generating institutional awareness and support; maintaining quality while reconciling family support strategies with conventional institutional procedures; and the need to train and retain sufficient personnel and to develop pre-service efforts that will produce personnel for the field.

White, K. R. (1988), 'Cost analyses in family support programs', Chapter 19 in H. B. Weiss, and F. H. Jacobs, (Eds), *Evaluating Family Programs*, Aldine De Gruyter, New York: 429-444.

Current concern with accountability, the cost of services and an environment of resource constraint have resulted in increased emphasis on program evaluation. It is argued that the current concept of cost analysis is simplistic, subject to unreal expectations and methodological flaws. A distinction is drawn between cost analysis of a program and cost effectiveness analysis that compares programs. Impediments to the use of such methods and problems in their application, together with practical illustrations of these are described. The benefits of the methods are seen to

be a more complete picture and an improved understanding of program operation and costs. It is argued that cost analysis in public policy is primarily used to attack or defend particular programs and that it would be of benefit if there were to be a shift from advocacy of particular programs to a concentration on problems, and a general acceptance that there are often several viable approaches to issues. By systematically examining the cost-effectiveness of alternative approaches, valuable progress could be made in solving problems.

Whittaker, J. K., Garbarino, J. and Associates (1983), *Social Support Networks: Informal Helping in the Human Services*, Aldine, New York, 404pp.

This book deals with the nature, place and use of social support networks in the human services field. Social support networks are seen to be extended family, friends, neighbours and other 'informal' helpers. The authors do not hold that informal help can or should totally supplant professional help, and do not see the two kinds of help as necessarily antagonistic to each other. They argue that professional services can be strengthened and clients better served if ways can be found to link formal and informal assistance. The use of social networks is seen to be an idea whose time has come for two reasons; because increasing costs and societal views mitigate against a major expansion of services, and because it is becoming increasingly clear that services delivered on a professional, case-by-case basis, have built-in limitations to their size and effectiveness. Specific chapters provide a working definition and origins of social support, a conceptual framework for incorporating it within the multiple roles that professionals fulfill, and review the current use of social support strategies in: mental health; health; services to the elderly; child welfare; day care and early childhood development; service to divorced and stepfamilies; schools; youth services; delinquency services; developmental disabilities and to those with chemical dependencies. (Authors, edited)

Wienrott, M. R., Jones, R. R. and Howard J. R. (1982), 'Cost-effectiveness of teaching family programs for delinquents: results of a national evaluation', *Evaluation Review*, Vol.6, No.2, April: 173-201.

This paper describes the evaluation of the American Teaching Family Model (TFM) which is a community-based group home approach to care of delinquents. The approach is based on the premise that deviant behaviour can be prevented by developing a relationship with adults who have high reinforcement value, who provide differential consequences for positive and negative behaviour, and who teach requisite skills. A longitudinal summative evaluation of 26 TFM homes and 25 other programs from similar areas was begun in 1975. The results of a five year cost-effectiveness study are presented. Using a variation of output value analysis, the TFM homes were found to be 7 per cent less expensive per day to operate and cost 20 per cent less per client. Cost-effectiveness was better for TFM programs on measures of school performance, but no different on deviant behaviour or social/personality outcomes either at discharge or up to three years later. (Authors, edited)

Willmott, P. and Mayne, S. (1983), *Families At The Centre: A Study of Seven Action Projects*, Bradford Square Press, National Council for Voluntary Organisations, London, 152pp.

This book is about seven family day centres in England making up a joint project and aimed at demonstrating new ways of assisting poor families. The projects were funded under the European poverty program of the European Council of Ministers and the joint project ran from 1975 to 1981. The centres, which were all in depressed areas or directed at disadvantaged groups, include an out-of-school care scheme, a family clubhouse, a drop-in centre and a social welfare agency. Centres were run independently but co-ordinated and evaluated by the Institute of Community Studies.

In the context of the European program, the centres were seen as potentially able to help widen people's educational and job opportunities, promote mutual support, overcome social isolation and any sense of hopelessness, and, by such means, improve people's prospects. The report provides information on the aims, objectives, development and achievements of the projects. It was found that the projects were run by groups independent of 'official' services, were relatively small, informally run, and flexible in their approach and methods. They differed in the basic service they provided which led to differences in such things as those using the service, the location and hours of opening. All served families but were directed to different family members. The authors found that, in spite of difficulties and confused or over-ambitious aims and objectives, substantial achievements were made by all, and that such centres, in all their variety, could play an important part in the movement towards the restructuring of social welfare services. Some effort was made to assess and report costs and benefits in a fairly modest way.

Wodarski, J. S. (1981), 'Treatment of parents who abuse their children: a literature review and implications for professionals', *Child Abuse and Neglect*, Vol.5, No.3: 351-360.

The article is a review of current treatment approaches to child abuse in terms of a series of models: psycho-pathological; sociological; socio-situational; family systems and social learning. In turn these models emphasize: direct services; the need for change in social values and structures; the social situation; the pattern of family interaction and behaviour; and behavioural goals and techniques. Data is said to indicate that parents who abuse their children face multiple problems and that many projects have not produced significant results because they focus on only one of the factors that produce abuse. The factors are seen to be: lack of child management skills; marital or vocational dissatisfaction; lack of interpersonal skills. Treatment approaches should view the problem as made up of a number of factors and services should be structured accordingly and made up of: child management programs; marital enrichment; vocational skills enrichment; and interpersonal skills enrichment. Treatment packages are outlined for each of these factors and implementation and evaluation discussed.

Zabin, L. S., Hirsch, and others (1988), 'The Baltimore pregnancy prevention program for urban teenagers', (in two parts: i. 'How did it work?' ii. 'What did it cost?') *Family Planning Perspectives*, Vol.20, No.4, July/August: 182-192, tables.

This paper is a description of an experimental pregnancy prevention program for junior and senior high school students in Baltimore, Maryland. The program combined in-school components of classroom work, informal discussion groups and individual counselling with clinical services consisting of group education, individual counselling and reproductive health care. The program was delivered by two teams, each made up of a social worker and a nurse. Eighty-five per cent of the student body had at least one contact with the service. For those with no contact with the service, more males than females, the primary cause was persistent absenteeism from school. About two-thirds of contacts took place at school; about one quarter of contacts were in the classroom and the rest were voluntary. The authors argue that the in-school component of the program permitted a far greater impact than a clinic-only program would have made; that the combination of school and clinic service fostered discussions among users and non-users of the service; and that the utilisation data demonstrate a high degree of acceptance among students.

Zigler, E. and Black, K. B. (1989), 'America's family support movement: strengths and limitations', *American Journal of Orthopsychiatry*, Vol.59, No.1 January: 6-19.

Current social trends have generally increased the family's need for support and, for some, decreased the support available. Without support, families tend to endure more hardship and to perform less well. The paper outlines the growing need for social support due to factors such as the economic necessity of a second income, poverty, single parenthood, teenage pregnancy, decreasing family size and increasing single child families, increased geographic mobility and social changes that have decreased the level and range of existing support. In recent years new types of social interventions have grown up, known as family support programs. These programs have their origins in the informal support networks that still exist for some. Two categories of program are distinguished, the grass roots-type that grew in individual communities and the university-based research projects. Both types have as goals: to enhance parent empowerment to enable families to help themselves rather than the direct provision of services; to prevent problems and to present alternatives rather than supply crisis intervention. Common principles of family support are said to be flexibility in programming, location, goals, and dedication to building on family strengths rather than curing deficiencies.

The authors outline the strengths and weaknesses of both types of family support program. The strengths are held to be: flexibility; empowerment of families by assuming that every parent has strengths; reflection of the family's own community in staffing and programming; prevention as being cheaper than cure; working with parents as well as children which emphasizes continuity; and association with the successful Head Start program.

The problems facing grass-roots family support are said to be financing, staffing and program evaluation. Finance is an issue because family support is trying to grow in a period when resources are stretched or being cut back. Staffing is an issue due to the tension between community and professional workers and due to difficulty in training people from different backgrounds with vastly different skills. Program evaluation is an issue because many lack the skill, there are few resources for quality evaluation without which the worth of programs cannot be demonstrated, and it is difficult to obtain additional funding for evaluation.

University-based programs are broadly the same. Where they differ, the strengths and weaknesses are the mirror image of those of grass roots programs. For example they have more professional input but are thought to be less flexible. One of the major differences has been that the university programs have tended to focus on child outcomes. However, this is changing and parent and family interaction are now also being measured. University programs are more likely to be targetted to particular groups, to be interested in research rather than in families, and are more expensive.

Effective and appropriate evaluation is seen as crucial to the success of the family support movement in terms of competing for limited and scarce resources. Outcome evaluation, including cost-benefit analysis, is seen as urgently required with, in particular, longitudinal outcome studies with a wide range of parent, child and family social competence variables. Evaluation needs to show what components and levels of intensity work, what programs can be transported, how programs are implemented, and how they can best fit into existing networks. Caution is given against seeing family support as a cure for the larger issues that affect families, but hope is expressed in the potential of the programs.

Zigler, E. and Weiss, H. (1985), 'Family support systems: an ecological approach to child development', Chapter 7 in R. N. Rapoport (Ed.), *Children, Youth and Families: The Action-Research Relationship*, Cambridge University Press, Cambridge: 166-205.

The authors hold that the development of programs that provide social support to families has far outstripped the capacity to evaluate them and to understand how and why they work. The chapter traces the evolution of ecological and social-support oriented programs; describes the growing convergence of child development and social network/social support research and program practice on the relationship between social support and child and family development; canvases evidence of the effectiveness of early childhood intervention; discusses three cases, a child welfare program, an early education project and a Head Start child and family program; and discusses issues and directions for action and research.

Zigler, E. F., Weiss, H. B. and Kagan, S. L. [1984], *Programs To Strengthen Families: A Resource Guide*, Family Resource Coalition and Yale University, Chicago, 186pp.

This is a resource guide describing family support programs in order to acquaint a wide audience with particular programs and the family support movement. Eighty programs are described under eight broad groups: prenatal and infant development; child abuse and neglect prevention; early

childhood education; parent education and support, home school and community linkage; families with special needs; neighbourhood based, neighbourhood-based mutual help and informal support; and family oriented day care. Each program outline covers: goals, history, nature of community, services, participants, staff, outreach, evaluation, replication, funding, highlight, recommendations and materials.

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This literature review and annotated bibliography of family support services in Australia and overseas shows that they are multifaceted, difficult to define and even more difficult to evaluate in terms of their effectiveness. The review concentrates primarily on community-based services, defined in the literature as family support services to families with children. It focuses on the following issues: definition, aims and objectives of family support services; trends in the development and delivery of such services in Australia and overseas; and evaluation and policy implications of family support services.